January 5, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Department of Nursing honored as Bunker Hill Community College's partner in change

EVER SINCE she was a teenager Damaris Kenny has been determined to pursue a career in health care. So determined, in fact, that when she was unable to find quality training in her native Panama, she decided to move to the United States. Her arrival in Boston in 1987 at the age of 20 represented a huge step forward toward her career goal. But it was also a giant step backward — for Kenny could not read, write or speak English.

Thanks to her own resolve and, in part, to an academic partnership between Bunker Hill Community College (BHCC) and the MGH Department of Nursing, Kenny is today a patient care associate on Bigelow 10 and has her sights set on a career in nursing.

Thanks to her own resolve and a Bunker Hill Community College-MGH partnership, Damaris Kenny is a patient care associate on Bigelow 10 and has her sights set on a career in nursing.

After learning English at an adult education center, Kenny made a brief detour from her intended career path when she took a number of computer science courses and landed a job in the field. She soon realized it was not the field for her.

In 1993 Kenny took to the books again. She enrolled in BHCC's Allied Health Certificate Program. The program teaches economically disadvantaged students, as well as those for whom English is a second language, the skills they need to be patient care assistants, medical assistants, phlebotomy technicians, medical laboratory assistants, or to pursue further health care training. One of the program's advantages is 120 hours of hands-on experience in real-life clinical settings at such medical centers as the MGH.

The MGH Department of

(Continued on Page 4)

Toy story

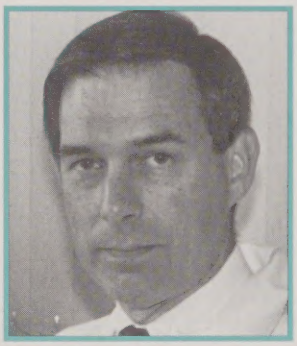
Santa made a pre-Christmas visit to the MGH Dec. 19 when some of his helpers from Ambulatory Pediatrics, Information Systems and Police and Security assembled more than 80 gifts for a group of low-income children. The effort was initiated by the Practice Management Information System (PMIS) team and had enthusiastic participation from all three departments. Representing their fellow MGHers are (from left): Rhonda Watler-Young, Ambulatory Pediatrics; Brenda Ferdinand, Ambulatory Pediatrics; Diane Maimonis, PMIS team/Information Systems; Julie Farina, PMIS team/Information Systems; Rose Sullivan, Information Systems; and Kerry Stevenson, Police and Security.

Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

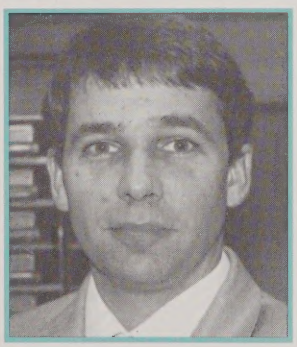
The OI Steering Committee currently is reviewing design team proposals for meeting specific quality, service and cost-reduction targets by the end of FY 1998. Today's design team updates are part of *Hotline's* coverage of OI progress.

W. Scott McDougal, MD, chief of Urology and leader of the Urological Care Design Team, reports that his team has established criteria for certain urological patient populations that would eliminate or shorten the length of stay in the Post-Anesthesia Care Unit; allow certain patients to be admitted directly, instead of coming through the Emergency Department; and reduce diagnostic testing and time spent in the hospital before surgery. In addition, the team is developing standard suture kits, assigning start and closure times in the Operating Room (OR) and shifting some procedures from the OR to outpatient sites.



Several care pathways (protocols comprising the "best" clinical practices for certain diagnoses or procedures) already are under way in Urology, and more are in the works. McDougal stresses the importance of education to the success of any care pathway: "A pathway only works if everyone involved understands and follows it."

Kent Lewandrowski, MD, assistant director of Clinical Laboratories, is leader of the Clinical Support Services Design Team, focusing on clinical laboratories, blood transfusion services and anatomic pathology. Lewandrowski says that OI in clinical laboratories will involve a combination of consolidation, restructuring and outsourcing, similar to efforts in other industries. The team has identified opportunities to consolidate clinical laboratories, reducing overall square footage and centralizing management to improve efficiency. "Currently labs and management are spread across the campus, and processes are often duplicated," says Lewandrowski. "We can reorganize the labs to eliminate duplications, save money and improve quality."



The team also proposes giving laboratory management the authority to solicit competitive bids from vendors for performing low-volume tests. Lewandrowski recommends reducing the overall number of vendors (currently more than 30) based on quality and savings.

Providing interna

NAVIGATING the health care system can be a complicated process. For those patients coming from other countries, the experience can be overwhelming as they try to function in a place where everyone speaks another language, follows unfamiliar cultural practices and eats different foods. Easing the difficult cultural transition faced by the hospital's international visitors and marketing the MGH abroad are priorities of the new International Patient and Family Center.

The center (one of 14 strategic planning short-term action steps designed to realize immediate improvements in patient care, teaching and research) will provide services tailored to meet the individual needs of international patients. Such services include arrangements for transportation, accommodations, meals, translation services and billing upon discharge.

"Foreign patients account for less than 1 percent of MGH inpatients but generate almost 10 percent of the total inpatient profit," says Anne J. Dubitzky, vice president for Managed Care Contracting and Planning. "An international patient's difficult social encounter here can overshadow a successful clinical experience and ultimately dissuade other patients from coming to the MGH."

The center coordinates and adds to the resources and services already provided by Admitting Services, Dietetics, Emergency Services, Intensive Care, Nursing, Radiology and Volunteer and Interpreter Services. "The MGH's

›nal patients with the comforts of home

reputation for excellent care draws international patients to the hospital," says Julia Sinclair, director of Admitting Services. "We would like to put in place the infrastructure to facilitate excellent experiences at the MGH for these patients."

A team led by Dubitzky and David Jones of the Development and Public Affairs Office developed a business plan for the center that was approved in November by the Strategic Planning Steering Committee. The plan calls for a director to oversee operations as well as a clinical coordinator, two admitting/billing representatives and a patient-relations representative.

"An international patient's difficult social encounter here can overshadow a successful clinical experience and ultimately dissuade other patients from coming to the MGH."

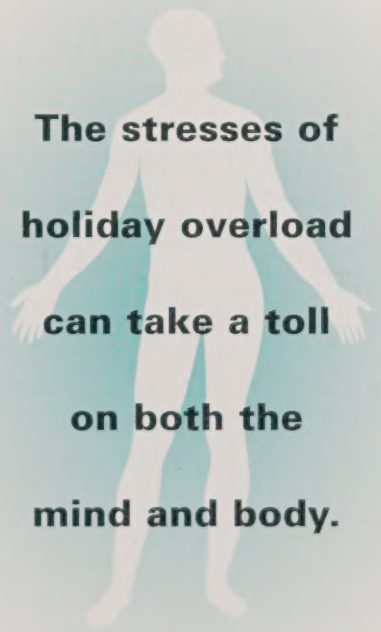
One admitting/billing representative, Lynne Afrow of Admitting Services, has already begun working to meet the needs of international patients. To make advance arrangements for an international patient's visit, contact Afrow at 6-7435. ●

New year, new health

IT'S JANUARY and what were once just visions of sugar plums are now planted squarely on the hips, thighs and abdomens of just ... everyone who ate their way through the holidays. Over indulging in food, drink and other celebratory activities can create hard-to-lose holiday pounds *and* regrets. Americans, on average, gain about 5 pounds between Thanksgiving and New Year's. Most people never lose all of what they gained.

With this in mind, the MGH is once again gearing up its aerobics program for employees. The program is available to all MGH employees and is offered during lunch and after work hours at several levels of expertise. The cost is $3 per class, and shower facilities are available. For more information please contact the Employee Health Service at 6-2240.

Exercise is just a small part of wellness. Proper eating habits are essential to overall long-term good health and nutrition as well as weight control. The MGH Department of Dietetics offers nutritional counseling for employees in its Winning at the Losing Game classes. The next program ... Tuesday, Jan. 23 from 5:15 to 7:30 pm ... consecutive weeks. Space is limited. To register, please call 6-2779.



The stresses of holiday overload also can take a toll on both the mind and body. Studies have shown that even 20 minutes a day of meditation can help eliminate tensions that build up. Yoga and meditation classes are offered on a weekly basis, and are open to all employees. For more information, call Employee Health at 6-2240.

Smoking is one of the most difficult habits to break, and the MGH Quit Smoking Service offers help and support to those who wish to quit. Group support as well as behavior modification techniques are provided, and a telephone hotline and ongoing support are available to those who participate. A new eight-week session begins Feb 7. Call 6-7443 for more information and to register.

The Employee Assistance Program (EAP) offers assistance to those employees seeking confidential counseling for stress, health problems, depression and addictions. Contact the EAP at 6-6976 to schedule an appointment.

All of these programs are available throughout the year. For more information about available health services, call Employee Health at 6-2240. ●

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MGH HOTLINE

WHAT'S HAPPENING

Celebrate Martin Luther King
The MGH Cultural Diversity Committee will host a celebration of Martin Luther King Day on Jan. 16 from 12 to 2 pm in the Walcott Rooms. Posters and books on King will be displayed and raffled off, and refreshments will be served.

Research symposium and poster session
More than 125 MGH scientists will participate in the 20th Research Symposium and Poster Session on Jan. 17. Posters will be on display in the MGH East Lobby from 10 am to 1:30 pm, and oral presentations by researchers will take place from 1:45 to 4:15 in the Lawrence E. Martin Conference Room. Following the presentations, Bjorn Olsen, MD, PhD, Hersey Professor of Anatomy at Harvard Medical School, will speak on "Cell and Matrix Signalling in Morphogenesis — Genetic Analysis of Vascular and Skeletal Disorders." Lunch will be available during the poster session, and an expanded shuttle bus service will run between the main campus and CNY.

ACLS provider courses
The MGH Department of Emergency Services will offer several Advanced Cardiac Life Support Provider courses in the coming year. The course cost is $100 for MGH employees and $150 for all others. The next two-day program will be held on Feb. 12 and 14. For more information or to register, call Barbara Wagner in the Medical Education Unit at 6-3905.

Symposium to examine trends in rehabilitation
The MGH Institute of Health Professions and Spaulding Rehabilitation Hospital are sponsoring a symposium, "The Art & Science of Rehabilitation: A World of Innovation," Jan. 25, 8:30 am to 1 pm at Spaulding. The program is free of charge to health professionals, and continuing education credits are available to nurses and social workers. Registration is required by Jan. 18. For more information, call 720-6517.

New England Healthcare Assembly
The Annual Meeting of the New England Healthcare Assembly will take place Mar. 18-22 at the Hynes Convention Center. To receive a program guide, call 6-2230 or pick one up at Training & Organizational Development, Charles River Plaza.

Seminars will address patient satisfaction
The Picker Institute, affiliated with Beth Israel Hospital, is offering two seminars on methods of assessing patient satisfaction and opinions: "Focus Group Techniques in Health Care," a full-day seminar, on Jan 25; and the half-day program "Designing a Patient Feedback System to Meet Your Needs," on Jan. 26. Both will take place at the Royal Sonesta Hotel in Cambridge. For more information or to register, call Shirley Selhub at 667-2388.

MGH Hotline
is published weekly by the MGH Development and Public Affairs Office.

Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office, 101 Merrimac St., fourth floor.

— Nursing Department honored

(Continued from Page 1)
Nursing established the first internships for the BHCC program in 1992 and since then has provided a clinical practice training ground for more than one-fifth of the program's 550 graduates. The department has also hired 31 former students — including Kenny — in full-time positions.

"Massachusetts General Hospital has shown a genuine commitment to accepting interns, assisting with curriculum development, and hiring displaced homemakers, single mothers and others in transition in the Greater Boston community," says Maurice O'Shea, BHCC president.

That commitment has earned the MGH and its Department of Nursing the esteem of the BHCC faculty. It also has earned the hospital the first Partners in Change Award. The award was created this year by BHCC and the Washington, DC-based National Network for Women's Employment to recognize local employers who support efforts to assist women entering or re-entering the work force.

"This partnership is extremely beneficial to both institutions," says Mary McAdams, RN, clinical teacher, Quality, Research and Development Services, and member of the BHCC Allied Health Program Advisory Board. "In addition to providing clinical experience to students, the MGH has assisted BHCC faculty in developing and modifying their curriculum, helping them educate multi-skilled graduates, who in turn provide the MGH and other medical centers with a well-trained, dependable pool of employees."

"Massachusetts General Hospital has shown a genuine commitment to accepting interns, assisting with curriculum development, and hiring displaced homemakers, single mothers and others in transition in the Greater Boston community."

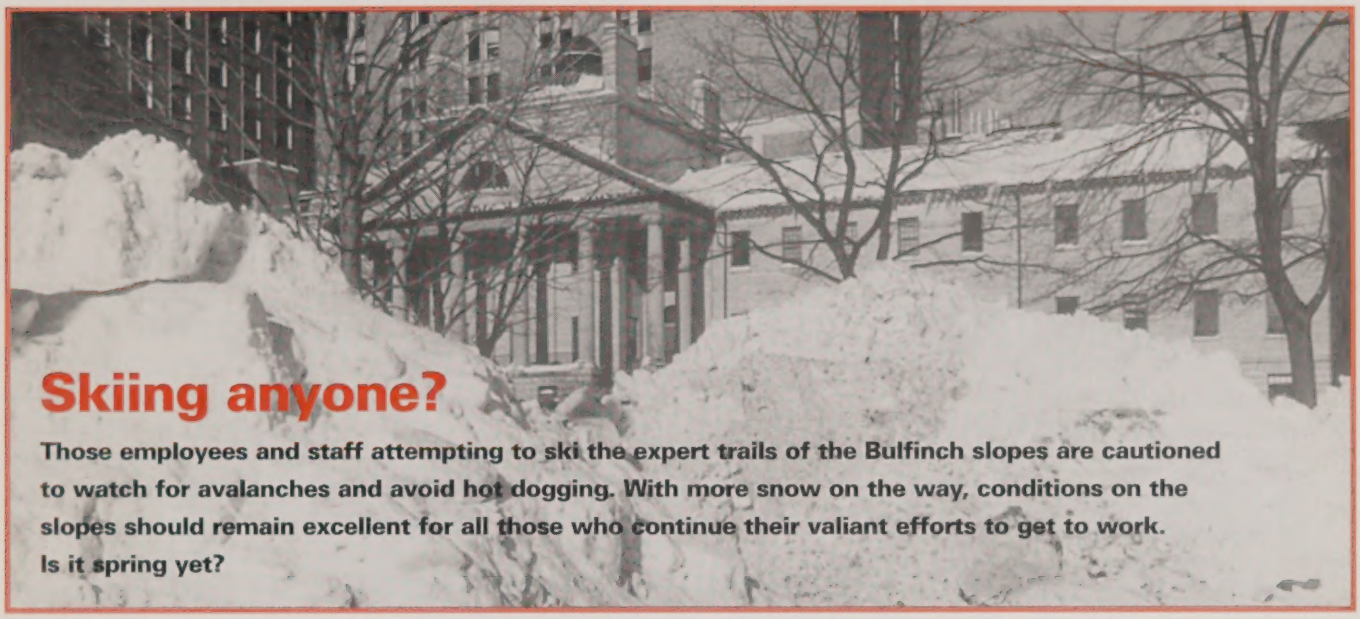
While the MGH and other institutions play a leading role in local educational efforts, it is the commitment of students like Damaris Kenny that determines the success of such programs.

"I'm proud of myself," says Kenny of her ability to weave her work, school and family lives together. "I love my job — I learn something new every day, and I am getting practical experience that will be useful later. And now that I know more about health care, I feel I can take better care of my family, too."

January 12, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL



Skiing anyone?

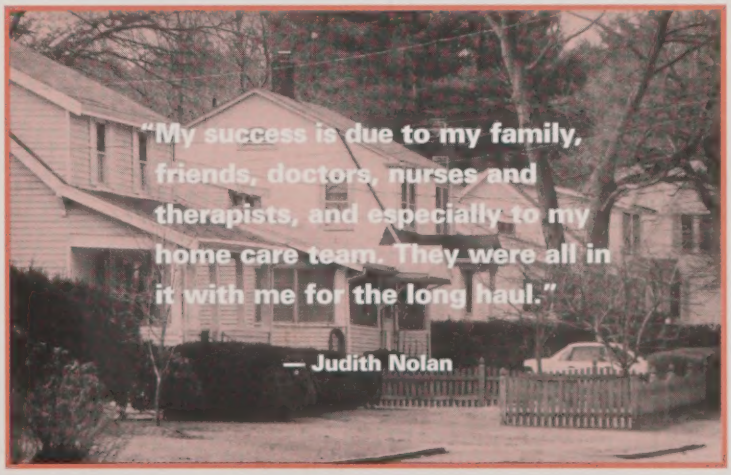
Those employees and staff attempting to ski the expert trails of the Bulfinch slopes are cautioned to watch for avalanches and avoid hot dogging. With more snow on the way, conditions on the slopes should remain excellent for all those who continue their valiant efforts to get to work. Is it spring yet?

Burn victim helped by MGH-Spaulding Home Health Agency

JUDITH NOLAN'S WORLD went up in flames on a cold January night in 1990. The flames that destroyed her home burned the Quincy resident over 95 percent of her body. She was rushed to the MGH, where she spent the next 12 months. Few persons before had ever survived such devastating injuries.

But Nolan beat the odds and rewrote medical history. After her extended time at the MGH, she was transferred to Spaulding Rehabilitation Hospital, where she underwent six months of intensive physical and occupational therapy. She was then discharged to home care.

Despite the progress Nolan achieved at the MGH and Spaulding, it was doubtful that she would regain what she desperately wanted: her independence. "I was carried into my daughter's home on a stretcher," Nolan recalls. "Although the doctors, nurses and therapists were wonderful, I was barely able to stand." Now, five years and 26 surgeries later, Nolan has regained 80 percent of her functional ability — and she can walk.


"My success is due to my family, friends, doctors, nurses and therapists, and especially to my home care team. They were all in it with me for the long haul."
— Judith Nolan

After Nolan's discharge from Spaulding in July 1991, health care professionals from the MGH-Spaulding Home Health Agency visited daily to help Nolan meet her recovery goals. Her home health services continued to address her goals following each surgical procedure. Now these visits have decreased to just a few hours per week.

"Judith is a wonderful person," says Sherill Ciampa, CRRN, BSN, her primary home health nurse since 1992. "The main reason she has done so well is her sheer determination to do things herself. She is absolutely committed to a full recovery. She has a tremendous support system, including her three children and two sisters, but she needed extensive education about diabetes, which she also developed as a result of her injuries."

Mary Cooney, Nolan's primary home health physical therapist, says the home physical therapy program, combined with Nolan's resolve, has enabled her to regain her ability to

(Continued on Page 2)

— Burn victim helped by home health agency

(Continued fom Page 1)

write. She also does exquisite needlepoint and knitting, and paints and does crafts, although she has the use of only one hand.

Nolan's primary goal, however, remained to walk again and to achieve an increased level of independence, even when others said such achievements would be impossible. After talking with her team of providers, she decided upon radical surgery to regain her mobility. Because Nolan's feet would not flex, her surgeon performed tendon transfers and also broke then reset her ankles to position them correctly for walking.

She underwent the first procedure in April 1994 and took her first cautious steps three months later. In October 1994, she underwent a second procedure, and her ability to get around has improved gradually. Today she can climb up to nine stairs assisted with only a walker. "I was able to attend my first daughter's wedding in November 1993 by using a wheelchair. Now, I'll be able to attend another daughter's wedding walking. I'd also like to dance the jitterbug," she says with a smile.

"Judith is upbeat, positive and has an amazing sense of humor," says Cooney. "It's exciting to work with a person whose rehabilitation goals are so intensive. It's wonderful to know you can make such a difference."

Nolan says that home health care has been an important part of her recovery. "My family initially was told I should be in a nursing home, but I wanted a chance to work toward a recovery. Now I can get my own meals, do my own shopping, visit with friends, even go to the ballet."

Nolan's impossible dream is now a reality. "My success is due to my family, friends, doctors, nurses and therapists, and especially to my home care team," she says. "They were all in it with me for the long haul."

LETTERS

The following is the text of a letter sent Dec. 20 to the physicians and nurses on the Pediatric Intensive Care Unit, Ellison 3.

Although people have come to expect excellence from the medical and nursing staff at MGH, I, as a cop, husband of a nurse practitioner and father of three sons, felt compelled to write to offer my thanks and congratulations to the ICU doctors, nurses and staff for your handling of the Men family shooting victims.

Aside from the medical care rendered, I have never witnessed such compassion, concern and respect as was shown to the mother of the Men children at the time of her son's death. The sight of the ICU doctors, nurses and staff standing silently, many with tear-filled eyes, allowing Chhon Yim whatever time she needed to grieve and complete her Cambodian ritual, remains etched in my mind. You all should be proud!

Your efforts contributed greatly to the healing process for Chhon Yim and her daughter Sathy Men who survived the attack and now will provide a crucial part in the prosecution of the man responsible.

Sathy has returned to school, and with a tremendous outpouring of community support, she and her mother have been moved into a newly furnished apartment.

Life goes on ...

Thanks,
Brendan "Mike" Durkin
Sergeant, Criminal Investigation Bureau
Lowell Police Department

MGH Vita

THE MGH has been riding a sweeping wave of change for more than two years. Most of the major changes the hospital has experienced — the affiliation with BWH to form Partners HealthCare System, Strategic Planning, Operations Improvement and other major initiatives — can be traced at least in part to the single most dramatic alteration in the health care landscape in decades: managed care.

In most managed care plans, primary care physicians serve as the central managers of all health care services. The incentive is to decrease the use of inpatient services and encourage care in lower-cost settings whenever possible.

To respond to the shifting incentive, the MGH, like other hospitals, has reduced the number and average length of admissions, which has led to the decrease of beds.

The shifts and changes at the MGH necessitated by this new health care market will be as much a part of the future as they have been of the recent past. To keep employees and staff up-to-date on the changes and the environment that demands them, *Hotline* will report each quarter data that show trends in hospital utilization.

Signs: First quarter fiscal year 1996

Inpatient admissions

Current actual: 8,353
Current budgeted: 8,831
FY'95 actual: 8,485

Patient days	57,746
Surgeries	4,036
Births	298

Five-year trend

Admissions were budgeted to increase over FY '95 figures because of the addition of Obstetrics and the expansion in primary care at the MGH and across the Partners network. Admissions are below budget, however, because of a slower ramp-up of new primary care practices and continued shifts into the Bedded Outpatient Program.

Length of stay

Current actual: 6.9
Current budgeted: 6.9
FY'95 actual: 7.3

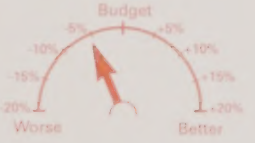
Five-year trend

Length of stay declines are the result of developing and following clinical protocols for certain case types, as well as better management of each patient's stay through the newly implemented Case Management Program. The average length of stay is on target for the current fiscal year.

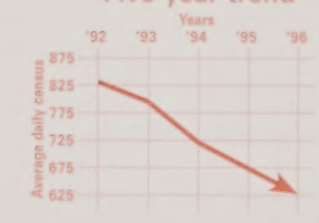
Average daily census

Current actual: 628
Current budgeted: 664
FY'95 actual: 674

Beds	862
Occupancy rate	72.82



Five-year trend



Average daily census has been declining for several years because of fewer admissions and shorter stays. The average census is a key driver for the number of operating beds set up and staffed. The bedded outpatient census also has become an important consideration when determining staffing needs.

Outpatient visits

Current actual: 150,905
Current budgeted: 161,347
FY'95 actual: 152,247

Surgeries	2,941
Clinic visits	89,467
Health Centers	43,097
Emergency	18,341

Five-year trend

Outpatient visits, excluding Massachusetts General Physicians Organization (MGPO) practices, were budgeted to increase significantly over last year, based on the expansion of main campus and health center primary care practices. So far, visits in total are below budget, with only moderate growth at the health centers. Most outpatient visits, however, are in the MGPO, and are up from last year and ahead of budget.

Bedded Outpatient Program

Current actual: 1,833
Current budgeted: 1,260
FY'95 actual: 712

Observation stays	1,252
Chemotherapy infusion	187
Routine post-procedure recovery	386

Bedded Outpatients include anyone treated in a bed — typically for less than 24 hours — who does not meet the clinical criteria for inpatient status. Patients who once may have been short-stay admissions are now treated by insurers as outpatients. These include certain chemotherapy infusion treatments and, more commonly, patients under observation. Some patients having same-day surgery need extended recovery in a bed and are counted as routine post-procedure recovery stays. Much of the inpatient admission decline is the result of patients being shifted to this less intensive classification of care. While the costs of caring for bedded outpatients are similar to those for inpatients, the MGH is able to collect much less revenue for their care.

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MGH HOTLINE

WHAT'S HAPPENING

Newly expanded Employee Orientation Program

Beginning Jan. 22, the new Employee Orientation Program will expand from one full day to two full days and one additional hourlong session. This program expansion will adhere more closely to JCAHO and OSHA standards and will incorporate a Service MGH component. The new orientation program will be held weekly on Mondays, 8:15 am to 4:30 pm; Tuesdays, 8:15 am to 4:30 pm; and Thursdays, 8:30 to 9:30 am. During those weeks with Monday holidays, the program will begin Tuesday morning and run three consecutive days. For more information about the program and its changes, call Ted Witherell in Training and Development at 6-2230 or send an e-mail to WITHERELLT.

Holiday shuttle service

Transportation Services would like to remind employees that there will be weekend shuttle service Jan. 15, Martin Luther King Day. Shuttles running between the main campus, North Station and Building 149 will begin at 9 am in the Navy Yard and will run every 30 minutes until the last shuttle leaves the main campus at 6 pm. No other shuttle services will operate on the holiday.

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Building that nest egg

All MGH personnel are invited to attend the seminar "Hatching the nest egg: Defensive investing for the 1990s." Sponsored by First Albany Corporation, the seminar, which will be held Feb. 20 at 5 pm in Walcott Room 3, is the first in a series on investing. To register or for more information, call Jennifer Bartkus at (800) 637-4003.

Women in Academic Medicine lecture series

The Women in Academic Medicine Committee will sponsor a panel discussion entitled "Road Between Academia and Industry"as part of its "Ins and Outs of Academic Medicine" lecture series Jan. 31 from 4 to 6 pm in the Wellman Conference Room. Chaired by John Parrish, MD, MGH chief of Dermatology, the panel includes Joan Brugge, PhD, senior vice president for Research and scientific director of Biology Research, Ariad Pharmaceuticals; Mark Fishman, MD, director of the MGH Cardiovascular Research Center; Michael Rosenblatt, MD, director of the Harvard-MIT Division of Health Sciences and Technology; and Ronald Newbower, PhD, MGH senior vice president for Research and Technology. Other panels will be held throughout the year, and videotapes of the panels will be available upon request. For information, contact Carole Davis in Research Affairs at 4-2734.

MGH staff in Science Museum series

Several MGH staff members are scheduled to speak at the Museum of Science's First Friday Lecture Series. On Feb. 2, Herman D. Suit, MD, chief of Radiation Oncology, and Michael Goitein, PhD, co-director of the Northeast Proton Therapy Center, will discuss "Advances in Radiation Treatment of the Cancer Patient by Year 2000." On March 1, Alan J. Fischman, MD, director of the Division of Nuclear Medicine, will talk on "The Medical Impact of Physiologic Imaging." Both lectures begin at 7:30 pm and are open to the public. For more information, call the Museum of Science at 589-0419.

IN GENERAL

Robert D. Leffert, MD, chief of the Surgical Upper Extremity Rehabilitation Unit, has been named president-elect of the American Shoulder and Elbow Surgeons.

Allan Walker, MD, Pediatrics, received the Shwachman Award for "major, lifelong, scientific, educational and clinical contributions to the field of pediatric gastroenterology and nutrition." The award was presented at the annual meeting of the North American Society for Pediatric Gastroenterology and Nutrition.

Katia Georgopoulos, PhD, assistant biologist in the Cutaneous Biology Research Center, was recently awarded a two-year grant from the American Cancer Society in support of her program entitled, "Studies on lymphomas/leukemias in Ikaros mutant mice."

Grant V. Rodkey, MD, of Surgical Services, recently delivered the Annual Oration to the Massachusetts Medical Society's House of Delegates. Rodkey's address, entitled "Quo Vadis Medicina," reviewed the history of medicine and highlighted how the dramatic scientific and social changes of the past 50 years have affected the profession. He also outlined how physicians can successfully adapt to the current pressures medicine is undergoing.

Deborah J. Cotton, MD, MPH, Infectious Disease, recently participated with WBZ's David Brudnoy in a business breakfast hosted by the New England Corporate Consortium for AIDS Education. As Brudnoy's physician, Cotton spoke about the ways employers can help employees with AIDS to fulfill their work potential.

Meryl Cohen, MS, PT, CCS, of Physical Therapy Services, and **Kathleen Grimes, MS, PT, CCS,** of the Institute of Health Professions, were honored by the Massachusetts Chapter of the American Physical Therapy Association as co-recipients of the annual Award for Clinical Excellence. This is the second consecutive year that members of the MGH staff received this award. Last year's winner was **Diane Plante, MS, PT,** of Physical Therapy Services.

I. David Todres, MD, chief of Pediatric Critical Care Medicine, was recently presented with the first Pediatric Critical Care Distinguished Career Award given by the American Academy of Pediatrics. At the academy's annual meeting in San Francisco, Todres accepted the award and delivered a presentation on the history of pediatric critical care.

January 19, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

MGH names James Mongan, MD, president and chief operating officer

THE BOARD OF TRUSTEES today approved the appointment of James J. Mongan, MD, as president and chief operating officer of the MGH. A leading national health policy expert, Mongan currently serves as executive director of Truman Medical Center in Kansas City, Mo., and as dean of the University of Missouri-Kansas City (UMKC) School of Medicine. He will join the MGH senior leadership team at the end of March and will be responsible for overseeing the day-to-day operations of the hospital as well as helping to set institutional direction and strategy for the hospital as part of Partners HealthCare System.

James J. Mongan, MD

"Jim Mongan brings a wealth of administrative and health policy experience to the MGH at a time when these skills are essential to ensure the hospital's future success," says Samuel O. Thier, MD, president of The Massachusetts General Hospital corporation and president of Partners. "He has the knowledge and management skills to guide the hospital into the next century. We are thrilled that he is joining our team."

Mongan says that he looks forward to helping to guide the hospital at an exciting and historic time in health care. "The MGH is one of the nation's foremost academic medical centers with an extraordinarily rich tradition of accomplishment," he says. "The opportunity to take on this leadership role at what is a crucial crossroads in the MGH's history is exciting. It is a challenge I accept with much eagerness."

Mongan, who joined Truman Medical Center in 1981, is credited with turning the once-struggling multi-institutional public hospital system into a well-respected, well-run and fiscally sound organization with strong local, state and national government relations. He was named dean of UMKC School of Medicine in 1987, and since then has fostered an innovative six-year undergraduate/medical degree curriculum. He also helped merge the teaching programs at Truman Medical Center with those of St. Luke's Hospital, a community-based tertiary care facility in Kansas City, a move that enriched and diversified the overall residency experience.

A member of the Institute of Medicine of the National Academy of Sciences, Mongan sits on a number of national health care boards and committees. He is a member of the Kaiser Family Foundation Board of Trustees, serves as chairman of the Commonwealth Fund Health Care Reform Program Advisory Committee and is chairman-elect of the National Public

(Continued on Page 4)

Dana-Farber/Partners Cancer Care formed

Boston Mayor Thomas Menino (right) congratulates Samuel O. Thier, MD, president of Partners, on the formation of Dana-Farber/Partners Cancer Care while H. Richard Nesson, MD, Partners chief executive officer, looks on. Details page 2.

Partners and Dana-Farber announce joint adult cancer program

AT A PRESS conference Tuesday evening, the leadership of Partners HealthCare System, and Dana-Farber Cancer Institute announced the formation of Dana-Farber/Partners Cancer Care.

"For well over a year, Partners HealthCare System and Dana-Farber Cancer Institute have been discussing the formation of a joint medical oncology program that would combine the patient care and research strengths of Dana-Farber, Massachusetts General Hospital and Brigham and Women's Hospital into one," said H. Richard Nesson, MD, president of BWH and chief executive officer of Partners. "Now we have come to a memorandum of understanding to form Dana-Farber/Partners Cancer Care, the organization that we believe will prove to be the leading cancer care system worldwide, both in quality of care and in research."

Dana-Farber/Partners Cancer Care will bring together the leading cancer specialists at three of the world's outstanding medical institutions and will provide patients with access to the best available cancer treatment no matter which of the three facilities they enter.

Samuel O. Thier, MD, president of The Massachusetts General Hospital corporation and Partners, said that the new program will enhance existing clinical and teaching programs through the sharing of expertise across the three institutions. "We envision Dana-Farber/Partners Cancer Care as setting national and international standards in cancer care in each of our three basic missions, that is, providing the best patient care for men and women with cancer, conducting the research that will speed their cures and training the next generation of physicians."

Plans are under way for the organization of special disease center programs under Dana-Farber/Partners Cancer Care, initially including centers for thoracic oncology and breast cancer. Over time, other disease programs will be coordinated as part of the joint program. The new program also will create a combined Harvard oncology teaching program at the three institutions, including a unified program for the training of fellows — fully-trained physicians undergoing advanced training — in oncology.

An important aspect of the joint program is that it does not preclude each of the participating institutions from maintaining its clinical research, basic science research and teaching affiliations with other Harvard teaching hospitals. "Patients coming to either Dana-Farber, Mass. General or Brigham and Women's will benefit from research relationships these three hospitals have with other Harvard-affiliated institutions," said David G. Nathan, MD, president of Dana-Farber and president and chief executive officer of the new organization. Bruce Chabner, MD, clinical director of the MGH Cancer Center, has been selected as the chief medical officer of the joint program.

Dana-Farber/Partners Cancer Care will not include pediatric care. Inpatient and outpatient pediatric cancer services will continue to be provided at the MGH. Pediatric patients who receive outpatient care in Dana-Farber's Jimmy Fund Clinic will continue to receive inpatient services at Children's Hospital.

Adult inpatient beds at Dana-Farber are to be relocated to BWH with such beds remaining under the license of Dana-Farber. Adult inpatient beds used for cancer care at BWH and the MGH will remain at those respective campuses.

Ambulatory care that has been provided by Dana-Farber and ambulatory cancer care provided by BWH, with some exceptions, will be provided at the Dana-Farber campus. Ambulatory care services will continue to be provided by the MGH at its own location.

While the formation of the joint program was approved by the boards of Dana-Farber and Partners, the institutions still must work out a number of management details and obtain any necessary approvals, including from the state attorney general. Upon finalization of all details, which will be reflected in a joint venture agreement, it will take at least a year to fully implement all the programs anticipated to operate under Dana-Farber/Partners Cancer Care. ●

Kind words from the mayor

Boston Mayor Thomas Menino joined Partners and Dana-Farber Tuesday evening for the announcement of Dana-Farber/Partners Cancer Care and to lend his support to the new joint program.

"Three of the world's leaders in cancer research and cancer care have joined together to wage the fight against this terrible disease," Menino said. "With these three institutions combining their forces, I know that someday we'll be standing here in this room congratulating the doctors for conquering cancer."

Also in attendance and recognized for their role in the formation of the new organization were Ferdinand Colloredo-Mansfeld, chairman of the MGH board and co-chair of the Partners board; John McArthur, co-chair of the Partners board; Gary Countryman, chairman of the Dana-Farber board; Jack Connors, chairman of the BWH board; Daniel C. Tosteson, MD, dean of Harvard Medical School; Eugene Braunwald, MD, chairman of the BWH Department of Medicine; and Stephen E. Sallan, MD, chief of staff at Dana-Farber.

MGH HOTLINE

Q & A: Employment policies

Jeff Davis, senior vice president for Human Resources and Continuous Improvement, answers some questions employees have asked about new employment policies.

Q: What is the new employment-at-will policy and why did the MGH adopt it? Is it true that I can get fired at any time, for any reason?

A: In August 1995, an employment-at-will policy was adopted by all members of Partners HealthCare System. This policy states what has always been the law in Massachusetts — that an employee or employer has the right to terminate an employment relationship at any time, for any reason. The policy also restates part of the MGH corrective action policy: "In general, all employees are employees at will."

The hospital's corrective action policy remains unchanged. The MGH will continue to notify any employee whose performance, behavior or attendance is inadequate — first orally, then, if necessary, in writing — and provide the employee with counseling and the opportunity to improve.

The MGH believes in this approach because, in most cases, it works. When individuals understand why and how to do a better job, their performance generally improves. The MGH has not and will not fire an employee without a reason. Except in extreme cases of unacceptable behavior, such as theft or assault, the MGH will offer an employee a chance to improve.

Q: The new layoff policies downplay the importance of seniority. Is the hospital planning to replace long-term employees with lower-paid workers? Doesn't the MGH offer job security any more?

A: The MGH recognizes that it needs to become smaller and more cost effective to succeed in this competitive health care environment. Some layoffs are unavoidable. Wherever possible, however, the MGH will try to prevent laying off employees by using attrition, which involves eliminating unfilled positions.

Last August, the MGH joined other Partners institutions in adopting two new layoff policies. One applies to exempt employees — those in management, supervisory and some professional positions. In the past, the MGH would consider either performance or seniority when making layoff decisions about exempt employees. Under the new policy, however, seniority is no longer a factor. Decisions now are based on job performance, knowledge and skills, and the ability to meet new job requirements.

The second policy applies to nonexempt and special exempt employees — those in service, maintenance, technical, clerical and nursing positions. In the past, seniority was the only basis for layoff decisions regarding these employees; job performance and ability were not considered. Now performance and ability to meet any new job requirements are weighed first, with seniority second.

Performance and skills generally increase with experience. It would not make any sense to lay off experienced employees and replace them with inexperienced workers to save a few dollars. At the same time, if layoffs are necessary in a particular area, it would not make any sense to keep employees who are experienced but do not do a good job in favor of other employees with less experience who do an outstanding job.

In general

Marie Casaletto of the MGH Chelsea Health Center was recently honored by the Chelsea Human Services Collaborative as a local "unsung hero." A secretary in the Mental Health Unit, Casaletto was cited for "her warmth and compassion [that] create an atmosphere of caring in the waiting room, which results in a relaxed and soothing setting."

Jeanne Ackman, MD, radiology resident, spoke on "The Relationship Between Pulmonary Artery Measurements by CT and Pulmonary Artery Pressures Measured at Cardiac Catheterization" at the annual Radiological Society of North America national meeting. At the same meeting **Scott Enochs, MD, PhD,** radiology resident, gave three papers on applications of magnetic resonance imaging in neuroradiology.

Harvey Simon, MD, internal medicine, has been named editor of the new *Men's Health Letter* to be published by Harvard Medical School.

Ronald Callahan, PhD, director of Nuclear Pharmacy in the Department of Radiology, has been elected to the 1995-2000 United States Pharmacopeia Committee on Revisions. The committee is responsible for establishing legally enforceable standards for drug substances, dosage forms, in vitro and diagnostic products, dietary supplements and related articles used in health care.

Jaime Rivera, MD, surgical resident, is one of three national recipients of the American College of Surgeons Resident Research Fellowships for 1996-98. He will use this fellowship to investigate molecular mechanisms underlying the pathogenesis of pancreatic cancer.

Raja Sayegh, MD, Vincent Obstetrics and Gynecology, has won the 1996 Wyeth-Ayerst Research Grant Award of the North American Menopause Society for his research study "The Body Mass Composition of Naturally vs. Surgically Menopausal Women."

Andrew Cuccione, PhD, PT, director of Physical Therapy Services, spoke on "Regaining Functional Independence in the Acute Care Setting Following Hip Fracture" at a meeting of the Gerontological Society of America.

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MGH HOTLINE

— Mongan named MGH chief operating officer

(Continued from Page 1)
Health and Hospital Institute Board. He has served on the Board of Trustees of the American Hospital Association and as a member of the Prospective Payment Assessment Commission of the U.S. Congress.

Before arriving at Truman Medical Center, Mongan served as assistant surgeon general and associate director for Health and Human Resources during the Carter Administration, responsible for translating decisions from the White House into national health programs. He served as deputy assistant secretary for health policy and special assistant to the secretary for national health programs in the Department of Health, Education and Welfare from 1977 to 1979 and as a professional staff member of the U.S. Senate Finance Committee from 1970 to 1977.

A native of San Francisco, Mongan did his undergraduate work at the University of California, Berkeley, and received his medical degree from Stanford University Medical School. He served his internship at Kaiser Foundation Hospital in San Francisco. He and his wife, Jean, are the parents of two children. ●

MGH leadership roles evolve

WHEN James J. Mongan, MD, assumes the role of president and chief operating officer of the MGH in late March, he will help ensure that the institution has a steady hand at the helm as responsibilities of other MGH leaders continue to evolve and expand.

Last fall, Richard R. Crater, chief executive officer of the MGH, was promoted to the position of executive vice president for The Massachusetts General Hospital corporation. His responsibilities now involve overseeing complex issues related to the McLean Hospital and Spaulding Rehabilitation Hospital, both of which are affiliates of the corporation. At McLean, Crater has been working with senior management to map out a strategy and vision for the psychiatric facility's future. Similarly, at Spaulding he has been involved with the strategic and business planning for the institution within the Partners system and helping to determine how and where the hospital will provide high-quality rehabilitation services as construction of the Central Artery moves into its Nashua Street neighborhood.

In addition to these corporate responsibilities, Crater is putting the finishing touches on the MGH's strategic plan and communicating the details throughout the institution. He also will continue to lead the MGH's Operations Improvement effort, a hospitalwide initiative involving more than 800 employees and staff who are identifying ways to redesign work to improve service and control costs.

With Crater's attention directed more toward corporate issues, the day-to-day operations of the hospital have been in the hands of a four-member transition team. Michael Jellinek, MD, senior vice president for Ambulatory Services; Peter Markell, interim chief financial officer; Ann Prestipino, vice president for Surgical Services; and Peter Slavin, MD, senior vice president and chief medical officer, have been overseeing specific areas within the institution during the search for the hospital's president and chief operating officer. At the end of March, operational responsibilities will shift to Mongan, and at that time the hospital's senior vice presidents and clinical vice presidents will begin reporting to him. Crater and Mongan both will report directly to Samuel O. Thier, MD, president of The Massachusetts General Hospital corporation and president of Partners HealthCare System.

"The rapid changes that are occurring in health care mean that we all must be nimble and flexible and ready to take on any role necessary to ensure that our organizations remain strong and able to serve patients," Thier says. "We are fortunate at the MGH to have talented and dedicated leaders who understand that adaptability and versatility are vital attributes in health care management today. We will continue to tap into their individual and collective expertise in the challenging times ahead."

Like those around him, Thier's responsibilities also are evolving as he prepares to assume the role of Partners chief executive officer July 1. At that time, H. Richard Nesson, MD, who is now CEO of Partners, will move into the position of Partners president. Thier's role will focus increasingly on improving the competitive position of Partners HealthCare System and fine-tuning and updating the Partners strategy. In addition, he is involved in improving and consolidating patient care and administrative functions across the Partners' institutions. Thier will continue to serve as president of The Massachusetts General Hospital corporation when he becomes Partners CEO. ●

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January 26, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Resident/fellow positions to be reduced by 20 percent

OVER THE NEXT four to six years, the MGH will reduce the number of resident physicians and fellows trained at the hospital by an overall total of 20 percent under a plan developed by the MGH Executive Committee on Teaching and Education (ECOTE). The BWH also will make a 20 percent reduction under a separate plan coordinated with the MGH effort.

"The national oversupply of specialty physicians, the consolidation of staff and services within the hospitals and across Partners, and the expected decrease in Medicare funds for graduate medical education make it imperative that we reduce the number of medical trainees," says Samuel O. Thier, MD, president of The Massachusetts General Hospital corporation and Partners HealthCare System.

Both the MGH and BWH previously had made a 5 percent reduction in the number of residents arriving this past summer. While that reduction exempted primary care programs, the new plan will affect almost every training program. As in the earlier plan, only incoming positions will be cut back; all current residents and fellows will be able to complete their training programs.

"We developed targets for individual programs by allocating them to three categories based on best estimates of the national need and supply of physicians in each specialty," says Debra Weinstein, MD, MGH director of Graduate Medical Education (GME). "Those with the greatest oversupply will reduce 30 percent; those with a moderate oversupply, 12 percent; and programs with the least oversupply, 6 percent. Although the hospital's overall strategic plan emphasizes primary care, ECOTE's GME Subcommittee/Downsizing Task Force decided that the challenge of making reductions should be met by the institution as a whole, not restricted to spe-

(Continued on Page 2)

General Executive Committee approves hiring review policy

THE HOSPITAL'S General Executive Committee (GEC) Wednesday approved a hiring review policy that restricts filling open positions in the hospital. The policy — the MGH's latest response to ever-increasing market pressures — was put into effect this week and will continue indefinitely.

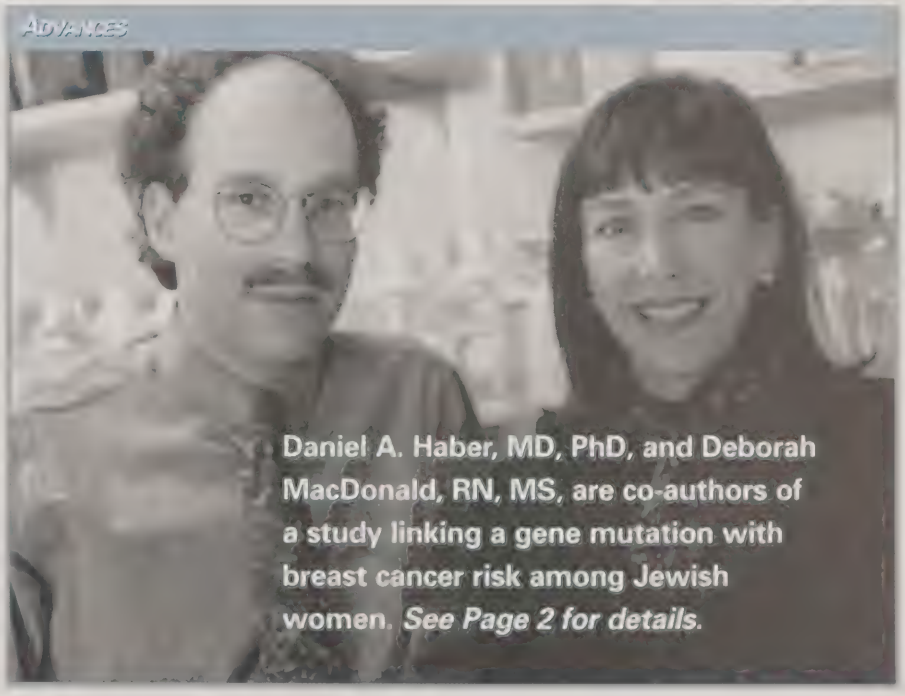
This announcement follows the close of first quarter FY 1996 (October through December 1995). Like many area hospitals, the MGH's first-quarter results were worse than expected. Although management had anticipated a loss from operations, the actual shortfall was $4.5 million more than expected. Revenue for patient care was below budget, and in some areas expenses were above budget. The GEC evaluated the first-quarter performance and put into effect management's recommended hiring review policy.

Operations Improvement (OI) is an MGH initiative that is identifying ways to reduce cost while maintaining or improving service and clinical quality. Proposals recently submitted to the OI Steering Committee by design teams suggest that the MGH will function with fewer employees in the future. "There will be a need to reduce staffing," says Jeff Davis, senior vice president for Human Resources and Continuous Improvement. "The hiring review policy will allow OI to eliminate some jobs through attrition instead of layoffs."

The hiring review policy prohibits departments from offering employment for any general fund positions unless specifically approved by a member of the MGH Transition Team (Michael Jellinek, MD, senior vice president for Ambulatory Care; Peter Markell, interim chief financial officer; Ann Prestipino, vice president for Surgical and Anesthesia Services; and Peter Slavin, MD,

(Continued on Page 4)

ADVANCES



Daniel A. Haber, MD, PhD, and Deborah MacDonald, RN, MS, are co-authors of a study linking a gene mutation with breast cancer risk among Jewish women. ***See Page 2 for details.***

— Resident/fellow reductions

(Continued from Page 1)

cialty programs. Only the combined medicine/pediatrics program, a joint effort with BWH and Children's Hospital, was exempted from the reductions after ECOTE heard program appeals."

Scott McDougal, MD, chief of Urology and chair of ECOTE, notes that the reductions are only one part of a larger effort to assess and update medical education programs throughout the MGH and Partners. "We appreciate how difficult this process is going to be, especially for those services that will be most affected. We already are looking at new approaches to medical education that will help us preserve the MGH's pre-eminence in a new era in health care." ●

First phase will cut 80 resident positions

TWO TYPES of physician training programs fall under the category of graduate medical education (GME): residencies and fellowships.

After graduating from medical school, every physician completes a residency for additional training in his or her chosen field. Residency programs range from as few as three to as many as seven years. Physicians pursuing specialty careers may complete a two-step residency — a brief preliminary program in general medicine or surgery followed by a specialty residency — while those entering primary care fields complete a single in-depth program.

Clinical fellowships are additional two- to four-year training programs for those subspecializing in fields such as gastroenterology, hematology/oncology, transplant surgery or neuroradiology. (Physicians also may enter research fellowships, which are devoted to scientific investigation.)

The first phase of the GME reduction plan for the MGH, finalized in December, designates the elimination of 80 out of about 450 residency positions funded by the MGH. The second phase, to be developed over the coming months, will identify MGH-funded clinical fellowship positions to be eliminated. Individual program directors will develop plans for meeting their goals and will have as much flexibility as possible in implementing their assigned reductions, including exploration of integrating programs with BWH. Most recently, residency programs in Neurology and Psychiatry have merged with counterparts at BWH and McLean Hospital, respectively. ●

Memorial service for David Daley

A memorial service is planned for David Daley, night shift administrator for the Emergency Department (ED), who died Dec. 10, 1995. The service will be held Jan. 30 at 8 am in the MGH Chapel. A reception will follow in the ED's employee lounge.

ADVANCES

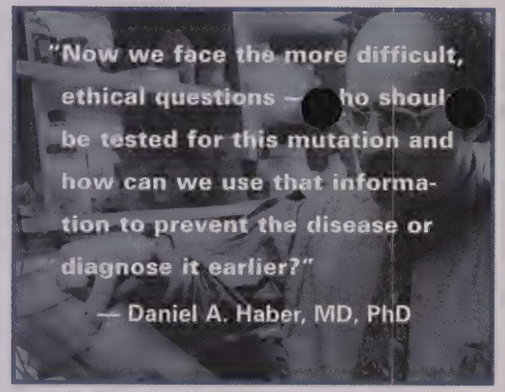
Gene mutation linked with breast cancer risk among Jewish women

AN MGH-LED research team has found that a specific defect in the BRCA1 breast cancer gene causes more than 20 percent of all cases of the disease among Jewish women developing breast cancer before age 40.

The study, published in the Jan. 18 issue of *The New England Journal of Medicine,* is an important next step to earlier research that found that 1 percent of all people of Ashkenazi Jewish descent have a mutation called 185delAG in the gene, which when mutated has been linked to breast and ovarian cancer. The new findings confirm that the 185delAG mutation is associated with an increased cancer risk and makes it practical to offer genetic screening to women likely to carry this mutation — Jewish women with strong family histories of breast and ovarian cancer.

Led by Daniel A. Haber, MD, PhD, director of the MGH Center for Cancer Risk Analysis, the multi-center study involved 418 women who developed breast cancer before age 40, 39 of whom identified themselves as Jewish. Eight of these Jewish women, or 21 percent, were found to carry the 185delAG mutation.

Haber says: "Our calculations are that a woman with this mutation has a 1-in-10 chance of developing breast cancer by age 40, and this risk continues during her lifetime. Now we face the more difficult, ethical questions — who should be tested for this mutation and how can we use that information to prevent the disease or diagnose it earlier?"


"Now we face the more difficult, ethical questions — who should be tested for this mutation and how can we use that information to prevent the disease or diagnose it earlier?"
— Daniel A. Haber, MD, PhD

Deborah MacDonald, RN, MS, genetic counselor at the MGH Cancer Center and a co-author of the study, adds: "If a woman tests positive for this genetic alteration, we will work closely with her in determining a cancer surveillance program that is appropriate to her age, risk and personal concerns."

The women involved in the study are included in a database maintained by the MGH Center for Cancer Risk Analysis. Since it was established four years ago, the center has collected genetic data, blood and tissue samples on more than 420 women who developed breast cancer before the age of 40 and who were referred to four Boston cancer centers: the MGH, Beth Israel Hospital, Dana-Farber Cancer Institute and Faulkner Hospital.

All personal information relating to this database, including genetic test results, are kept strictly confidential to protect the privacy of the participants. Last week the Jewish women participating in the study were sent a letter offering them testing for the 185delAG mutation under a clinical protocol. Those who test positive will be able to receive genetic counseling. ●

Cardiac Access Unit's nurse practitioner model benefits patients and physicians

BECAUSE OF their efficiency, personalized care and cost effectiveness, nurse practitioners are increasingly providing more direct patient care in many settings, including physician practices, health centers and ambulatory care centers.

In 1992, the MGH brought nurse practitioners to the inpatient setting by developing a nurse practitioner practice model on the Cardiac Access Unit (CAU) on Ellison 11. Here, the primary responsibility for patient care in the hospital rests with nurse practitioners, as opposed to medical residents, who work in consultation with the patient's physician.

"The unit has been a complete success since it opened," explains Lillian Ananian, RN, CAU nurse manager. "We continue to see reduced complications and shorter lengths of stay among patients in the CAU."

The idea of staffing the unit with nurse practitioners was developed as part of a Cardiac Access Program designed to increase the volume of cardiac cases at the MGH. The program also guarantees referring physicians that their patients will be admitted to the MGH on a timely basis. Another goal is to improve patient care continuity, quality of care and cost effectiveness.

Before the Cardiac Access Program began, high demand coupled with limited space often meant patients waited several days before they could be admitted to the MGH. As a result, many physicians referred their patients to other hospitals. The solution was a new 20-bed cardiac access unit, a cardiac access referral nurse and a chest pain observation service.

Cathy Franklin, RN, former CAU nurse manager, helped develop the unit and is currently staff specialist in Nursing Quality Research and Development. The only difficulty with the plan was determining who was going to care for the increased numbers of patients. "The medical residents program already served a disproportionate number of cardiac cases; adding more would not allow residents a balanced medical education. The solution: adult nurse practitioners," says Franklin.

Patricia Lowry, RN, CS, is one of six nurse practitioners who care for patients on the CAU.

Nurse practitioners, who have master's degrees in nursing and have obtained nurse practitioner certification, are qualified to develop and carry out patient treatment plans in collaboration with physicians.

"The physicians and nurse practitioners work splendidly together," says Robert Leinbach, MD, medical director of the CAU. "We have a high volume of physicians who refer their patients to the unit. They feel the nurse practitioners are highly communicative and are interested in the patient's well-being and every detail of their care."

The CAU nurse practitioners complete patient histories and physicals upon admissions, write orders, develop care plans, manage patient care issues and educate patients and families about risk factors and prevention. They also are the first to respond to any medical emergencies that occur on the floor.

Franklin says the benefits of using nurse practitioners go far beyond increasing the MGH's number of cardiac cases. "We were able to streamline care, to decrease lengths of stay, improve patient outcomes by providing a staff specially trained in cardiac care and increase patient and referring physician satisfaction," she notes. "These nurses are on the same floor day after day, they build relationships with staff members, and they have a special interest in cardiac care."

Dena DeJoseph, RN, CS, a CAU nurse practitioner, says that similar programs are emerging elsewhere and that hospitals in the area have contacted the MGH unit to learn about the practice model. DeJoseph says: "This is a cost-effective model of care that maintains, if not improves, quality. That's what everyone is looking for these days." ●

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MGH HOTLINE

WHAT'S HAPPENING

Educational lecture series
The Women in Academic Medicine Committee will hold the first lecture of its 1996 educational series the "Road Between Academia and Industry," Jan. 31, from 4 to 6 pm, in the Wellman 1 Conference Room. The panel discussion will be chaired by John Parrish, MD, chief of Dermatology and director of the MGH-Harvard Cutaneous Biology Research Center. For information, call Carole Davis at 4-2734.

Timilty Science Fair judges needed
All MGHers are invited to the annual "MGH/Timilty Partners in Education Science Fair," which will be Feb. 9, from 9:30 to 11:30 am, in the Walcott Rooms. Also, the school needs judges for its annual science fair competition to be held Feb. 12 to 16, between 8 and 11:30 am. Judges are asked to make a two-hour commitment to evaluate five student projects. Transportation to the school will be provided. Call Barbara Torres or Felicia Robb at 635-8109 or Andrea Gwosdow at 4-3210.

"Cancer Treatment Doesn't Have to be Bad"
The Friends of the MGH Cancer Center and the MGH Cancer Affairs Committee will present a DIALOGUE entitled "Cancer Treatment Doesn't Have to be Bad," Feb. 6 at 6 pm in the Walcott Rooms. Henry Mankin, MD, chief of Orthopædics Service, will moderate a panel of experts. Reservations are suggested, not required, and can be made by calling the Friends at 6-1063.

Take a break
Stress is all around, but there are ways to manage it. Take a break to learn about techniques to reduce stress effectively Jan. 31, between noon and 1 pm, in the Wellman Conference Room. Information and handouts will be available at the event, which is sponsored by the Employee Assistance Program. For more information, call 6-6976.

"Helping Hands" robotic device to be demonstrated
Spaulding Rehabilitation Hospital's Assistive Technology Center will hold a lecture and demonstration of the "Helping Hands" robotic device Jan. 31, from 8 to 10 am, at Spaulding, conference rooms 8A-8B. To make a reservation for the session, which includes a free breakfast, call 589-4673.

Blood supply at low levels
A combination of bad weather, vacations and the winter blahs have kept blood donors away, and the MGH Blood Donor Center is anxiously awaiting an infusion of donations. The center is open 8:30 am to 7:30 pm Monday through Thursday, and 8:30 am to 4:30 pm Friday. Employees may walk in to the center on Gray 1 or call 6-3620 to schedule an appointment.

Diversity Awareness Forum
The Minority Nurse Retention and Recruitment Committee will host its fifth annual Diversity Awareness Forum in the Wellman Conference Room Feb. 2, 8 am to 4:30 pm. Linda Burnes-Bolton, RN, DPH, past president of the National Black Nurses Association, will discuss teamwork as a key to success. Other speakers include Brenda S. Cherry, RN, PhD, dean of the University of Massachusetts College of Nursing; Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners HealthCare System; Gail Kuhn Weissman, RN, EdD, MGH chief nurse executive; Richard R. Crater, MGH chief executive officer; and Jeff Davis, MGH senior vice president for Human Resources and Continuous Improvement.

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THE PHYSICIAN REFERRAL SERVICE last month welcomed visitors to an open house in its office at 101 Merrimac St. Staff pictured are, *from left:* Jeff Price, Kathy Kelleher and Denella James-Clark, all referral coordinators; Jay Tolchinsky, referral data manager; Hilda Wiggins, administrative supervisor; Carol McMahon and Nancy Felsheim, referral coordinators.

— Hiring review policy

(Continued from Page 1)

senior vice president and chief medical officer). Approval will be limited to those positions that are essential for day-to-day patient care and in line with OI plans. Department heads, unit chiefs and nursing managers who wish to fill open positions can talk to the administrator in charge of their department or service. The administrator then can request Transition Team approval. The hiring review policy currently does not affect positions paid for by the Massachusetts General Physicians Organization, research or other non-general fund sources.

"A hiring review is prudent at this time," says Richard R. Crater, MGH chief executive officer. "This step, coupled with our OI initiative, will help us bring our expenses in line with our revenues." ●

February 2, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Partnership news

Health plan for seniors introduced

PARTNERS Community HealthCare, Inc. (PCHI) will play a key role in a new statewide managed care plan for Medicare beneficiaries. On Monday, Blue Cross and Blue Shield of Massachusetts (BCBSMA), on behalf of HMO Blue, introduced the new plan, called Blue Care 65. The plan just received approval from the federal Health Care Financing Administration.

"Partners Community HealthCare will be an important part of the care delivery for Blue Care 65 members," says Ellen Zane, PCHI's CEO. "Not only will PCHI physicians comprise about half of the Blue Care 65 network, PCHI also will have unique responsibilities focusing on shared provider services, medical management and information sharing throughout the health care network."

BLUE Care65 A Product of HMO Blue

Blue Care 65 will provide members with all their Medicare-covered services, plus routine checkups, hearing and eye exams and generous allowances toward hearing aids and eyeglasses. The plan also will cover unlimited hospitalization as well as additional health and wellness programs. The Blue Care 65 network includes more than 4,000 primary care physicians and specialists, 45 hospitals, 57 skilled nursing facilities and more than 2,800 ancillary providers, including a significant number affiliated with PCHI.

"Last January, Partners and BCBSMA announced a strategic alliance, an important part of which was to be the cooperative development of a product for the Medicare population. With the introduction

(Continued on Page 3)

Four new, state-of-the-art ORs open

AN aortic valve replacement last Wednesday marked a surgical milestone at the MGH. The procedure was the first operation performed in Operating Room 45, one of four spacious, new, cardiac ORs. The opening of the new rooms marks the first phase in the hospital's plan to modernize its surgical facilities.

"An up-to-date physical plant is absolutely essential to the MGH mission," says W. Gerald Austen, MD, surgeon-in-chief of the MGH and CEO of the Massachusetts General Physicians Organization. "Simply put: Our patients deserve the best in clinical care, training and research."

The new cardiac ORs dramatically reinforce this commitment. According to Mortimer J. Buckley, MD, chief of Cardiac Surgery: "We appointed a multidisciplinary planning team to help create a state-of-the-art cardiac OR. At the same time, we attempted to anticipate the institution's future surgical needs. Advances in surgery often require a large amount of technical equipment and systems support that can seriously strain the physical capabilities of a dated operating room."

The team, led by David Torchiana, MD, Cardiac Surgery, included representatives

(Continued on Page 2)

Striving artist

Danielle Rateau, 6, a patient from Haiti, shows her artistic talent at a party on Ellison 16 courtesy of Cone Communications of Boston. Cone employees arrived with gifts, refreshments and activities such as cupcake decorating and face painting. The company was one of many organizations and individuals who helped make the holidays happier for patients.

Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

The OI Steering Committee currently is reviewing design team proposals for meeting specific quality, service and cost-reduction targets by the end of FY 1998. Today's design team update is part of *Hotline's* ongoing coverage of OI progress.

Daniel Podolsky, MD, chief of the Gastrointestinal Unit, is leader of the Gastrointestinal Care Design Team. Podolsky says the team's plans center on 12 clinical care pathways. "Care pathways help assure a consistent high quality of care for patients with a particular medical need, such as those undergoing various types of abdominal surgery," explains Podolsky. "By identifying the components of care that are necessary and most effective in helping the patient, we can avoid those components that do not benefit the patient and achieve the most economical, best care." GI pathways, now in various stages of development, are expected to save the hospital more than $4 million annually. Ongoing analysis of key patient outcomes will assure continued quality of care.

Partners board leadership to change this summer

FERDINAND Colloredo-Mansfeld and John McArthur this July will step down as co-chairmen of the Partners HealthCare System Board of Trustees. Jack Connors, Jr. will assume the role of chairman of the board at that time. Colloredo-Mansfeld will remain chairman of the Board of Trustees of The Massachusetts General Hospital corporation and will continue as a member of the board of Partners. McArthur also will remain a trustee on the Partners board.

Colloredo-Mansfeld and McArthur have served as co-chairmen of the Partners board since the MGH and BWH announced their intention to affiliate at the end of 1993. Colloredo-Mansfeld, the MGH board chair, and McArthur, who was the BWH board chair at the time of the announcement, led the initial "transition board" and were appointed co-chairmen of the Partners board when the affiliation became official in March 1994. The two helped shape the vision and plans for establishing the Partners system and creating a vibrant and growing integrated health care delivery network.

"Jack Connors' uncommon abilities will help ensure that Partners is ahead of and leading the wave of change in health care."

Connors, who became chairman of the BWH Board of Trustees in April 1995 and has been a member of that board since 1992, has served on the Partners board since its formation in 1994. He is a founding partner and CEO of the advertising and communications firm Hill, Holliday, Connors, Cosmopulos, Inc.

Samuel O. Thier, MD, who is president of The Massachusetts General Hospital corporation and president of Partners, will become Partners CEO in July. At that time, H. Richard Nesson, MD, who is currently CEO of Partners, will become Partners president.

"The challenges ahead for Partners are clear: maintaining our traditional missions of patient care, teaching and research while recognizing the realities of a rapidly changing health care marketplace," Thier says. "Jack Connors' uncommon abilities will help ensure that Partners is ahead of and leading the wave of change in health care." ●

The strategic plan

Charting the future

AS THE MGH traverses a changing health care landscape, it will be guided by a map. In January this map — the hospital's strategic plan — was approved by the General Executive Committee. This month it will be presented to the Board of Trustees for approval.

"As the health care market continues to become more competitive and cost-sensitive, it is essential that we articulate a vision and make the right decisions for using our limited resources effectively," says Richard R. Crater, MGH CEO and executive vice president of The Massachusetts General Hospital corporation. Crater co-chairs the joint MGH/Massachusetts General Physicians Organization (MGPO) Strategic Planning Steering Committee with W. Gerald Austen, MD, MGH surgeon-in-chief and CEO of the MGPO. "Decisions made by management will correspond to the principles expressed in the strategic plan."

The long-term strategy focuses on patient care, medical education and research — the core elements of the MGH mission. Fourteen short-term directives in these areas already are under way *(Hotline, July 14, 1995)*. The plan, which recognizes the importance of focusing on patients while increasing market share, periodically will be reviewed and updated as part of the ongoing strategic planning process.

Strategic MGH Planning

Strategic planning began in October 1994 when hospital leaders participated in a series of retreats to reassess the MGH's strategic directions and redefine its mission, values and guiding principles. The Steering Committee then commissioned task forces, comprising a broad cross-section of the MGH community, to develop proposals in the areas identified as most important to the future of the MGH. The ideas generated by the task forces provide the basis for the strategic plan.

Details of the hospital's strategic plan will be included in upcoming issues of *Hotline.* ●

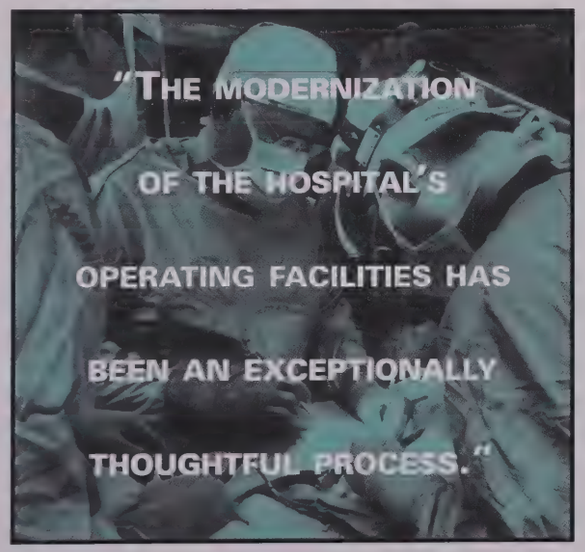
— *Four new, state-of-the-art ORs open*

(Continued from Page 1)

from Administration, Anesthesiology, Perfusion and Nursing, who researched and designed the rooms around the particular functions of each discipline. The new OR layouts are larger than most at the MGH to accommodate the added technical equipment that frequently is required during cardiac surgery. A specialized heating and cooling system allows surgeons to tailor room temperature for certain operations. For example, aortic root procedures are performed at very low temperatures, while other procedures require higher room temperatures.

Each room features shiny, new equipment throughout, including various monitors, specialized lighting, multiposition operating tables, and floor-to-ceiling glass-and-chrome storage cabinets. Even the sound system was upgraded from cassette to compact disc player for those surgeons who play background music while operating.

An adjacent space includes a central holding area for patients, supply and back-up equipment sections specific to each team function, and computer and imaging link-ups to key MGH labs to enhance the flow of vital information.



"The modernization of the hospital's operating facilities has been an exceptionally thoughtful process," says John Remensnyder, MD, director of Operating Rooms. "Our goal is to create a modern surgical facility throughout. And as we strategically phase in new ORs — beginning with cardiac, then intraoperative radiation and neurosurgery — we can begin closing other outmoded rooms, freeing up space for additional redesigns."

Rollout of the new ORs is expected to continue throughout 1996. ●

— *Blue Care 65*

(Continued from Page 1)

of Blue Care 65, we are seeing the realization of that promise," says H. Richard Nesson, MD, CEO of Partners HealthCare System.

Says William C. Van Faasen, BCBSMA president and CEO, "Working with Partners we have designed a product that offers [illegible]care beneficiaries access to a statewide network of experienced, caring physicians and world-renowned teaching hospitals and prestigious community hospitals." ●

Robert Ebert, MD, dies at 82

ROBERT H. EBERT, MD, who served as chief of Medical Services at the MGH from 1964 through 1965, died Jan. 29. He was 82. Ebert had led the department for less than a year when he was named dean of the Harvard Faculty of Medicine. He helped establish Harvard Community Health Care.

Daniel C. Tosteson, MD, dean of the Harvard Faculty of Medicine, says: "Robert Ebert was a statesman and a visionary leader of academic medicine … In his long, deep and broad professional career he was consistently courteous and helpful to his colleagues and students. This world is a better place because of his presence among us."

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MGH HOTLINE

WHAT'S HAPPENING

Save the date for an MGPO first

The Massachusetts General Physicians Organization will host its first quarterly staff meeting Feb. 26, from 5:30 to 7 pm, in the auditorium on Blake 1.

Partners/BWH shuttle change

Beginning Monday, the shuttle going to Partners and BWH will leave from the circular driveway adjacent to the WACC, just outside the Hard Hat Cafe exit. Those with questions about shuttle service can call 6-2250.

Acute Care/ Pediatric Microchemistry Labs move

The Acute Care and Pediatric Microchemistry Labs moved from Ellison 3 to the Chemistry Lab on Gray 5 last Sunday. The phone numbers and pneumatic tube station numbers remain the same. Hand-delivered specimens should be brought to the main Chemistry Lab window on Gray 5. Call the lab at 6-3856 with any questions.

1996 Employee Exercise Program offerings

The MGH aerobics studio in the basement of Ruth Sleeper Hall is hopping this winter. The MGH Employee Exercise Program's offerings include cardio pump, total workout, hi/low aerobics and step aerobics. For times and details contact Susan Loomis, Employee Health, at 6-2240; Rebecca Carney, MGPO, at 6-6990; or Adele Floyd, MGPO, at 4-7912.

Two tips for 10

Special discount tickets are available for groups of 10 to "An Affair of the Heart," a Valentine's performance of three short, humorous operas to benefit the American Heart Association, Massachusetts Affiliate. Joyce Kulhawik of WBZ-TV will host the performance Feb. 11, 3 pm, at Harvard University's Sanders Theatre. For information or tickets, call 800-AHA-USA1, extension 3142.

Ten also is the magic number to make a team and compete in The Massachusetts Easter Seal Society volleyball tournaments this March in Boston. Team members are asked to pay a $300 entry fee to benefit the society and cover the cost of the competition. To find out more, call 800-922-8290.

Correction:

The newly expanded Employee Orientation Program will be held weekly on Monday, 8:15 am to 4:30 pm; Tuesday, 8:15 am to 4:30 pm; and Wednesday, 8:30 to 9:30 am. The program was mistakenly listed as running Monday, Tuesday and Thursday in the Jan. 12 *Hotline.* During weeks with Monday holidays, the program will run Tuesday, Wednesday and Thursday. For more information about the program, call Ted Witherell in Training and Development at 6-2230 or send an e-mail to WITHERELLT.

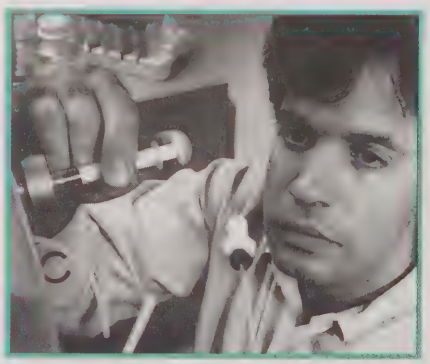
What is the difference between an adult and a sixth grader?

Find out at the annual MGH/Timilty Partners in Education Science Fair, Feb. 9, from 9:30 to 11:30 am, in the Walcott Rooms. Timilty middle-school students also will shed some light on such questions as: "does the color of water effect the penetration of light beams?" and "can you predict the area of the brain that would be lesioned by knowing the symptoms of a disease?"

Current MGHers are encouraged to stop by the fair and show their support for these students and their mentors. Aside from being fun and interesting, the fair promises to provide an opportunity to find out the answers to some burning questions, including "what metals can you copper-plate, anyway?" For more information, call Barbara Torres or Felicia Robb at 635-8109, or Andrea Gwosdow at 4-3210.

HONORS

Rudolph E. Tanzi, PhD, director of the MGH Genetics and Aging Unit, has received an Award for Medical Research from the Metropolitan Life Foundation in honor of his group's research into Alzheimer's disease. Tanzi has contributed to the understanding of the molecular genetics of Alzheimer's disease for more than a decade. Last year he and his team, including **Wilma Wasco, PhD,** discovered the third gene associated with an inherited, early-onset form of the disease. Tanzi was involved in discovering the first early-onset gene in 1987, and he and Wasco collaborated in last year's discovery of the second gene. He shared the Metropolitan Life Foundation Award, one of the leading honors in Alzheimer's research, with a group of University of Washington researchers who collaborated on the discovery of the third gene.



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February 9, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

MGH Telemedicine Center preparing today to deliver health care of tomorrow

SOMETIME IN THE FUTURE, a patient might enter his primary care physician's office and present a rash on his arm. Rather than refer the patient to a dermatologist, the physician will examine the rash, photograph it, and then electronically transmit the image to a dermatologist on duty at the MGH, 50 miles away. Then, patient and doctor will step into a videoconferencing room and consult, face to screen, with the MGH dermatologist. Diagnosis achieved, doctors and patient agree on a course of treatment.

This is telemedicine, which in the above example has achieved in a half-hour visit what today would require a minimum of two visits, not to mention considerable time, travel, paperwork and inconvenience to the patient. It is, according to Joseph Kvedar, MD, medical director of the new MGH Telemedicine Center and co-chair, with Maria Lopez-Bresnahan, MD, of the Massachusetts General Physicians Organization (MGPO) Telemedicine Committee, the essence of Partners' stated goal of delivering care quickly, efficiently and inexpensively at the most appropriate site for the patient. Through telemedicine, the expertise of MGH physicians could become an easily accessible, real-time resource for physicians and patients throughout the sprawling Partners system.

The MGH has begun a concerted effort in the development of telemedicine. Studies and pilot programs are under way in Radiology, Dermatology, Pathology, Neurology and Psychiatry. The hospital, in

(Continued on Page 4)

A gift from the heart

Billy Johnson, 19, and Kara Levoshko, child life specialist, try out a painting program on a new computer in the Ellison 16 playroom. The computer, which will be linked to the Internet, was a gift to the MGH from Johnson's friends and family, who held a fund raiser in November to celebrate the completion of his treatment for osteosarcoma.

Partners HealthCare

Partners names chief operating officer

THOMAS P. GLYNN, PHD, will join Partners HealthCare System as chief operating officer April 15. Currently the deputy secretary of the U.S. Department of Labor (DOL) in Washington, DC, Glynn has held a number of senior posts in government and higher education, many in the Boston area.

At Partners, Glynn will be responsible for the daily management of functional departments within Partners, including Finance, Information Systems, Human Resources, General Counsel, Treasury and New Business Development, and Real Estate and Facilities. Glynn also will be responsible for further development of the marketing and government relations functions across the Partners system. Senior staff in each of these areas will report to Glynn, who will report to the Partners chief executive officer.

Says Samuel O. Thier, MD, president of Partners: "As Partners has grown in both complexity and alliances, it became clear that we needed someone like Tom Glynn as a key player on the Partners team. His experience will go a long way to making us even more productive and successful as an organization."

As deputy secretary of Labor, Glynn has served as the COO of the $35 billion, 18,000-employee DOL. Before going to Washington, he was the chief financial officer at Brown University and Medical School, where he was responsible

(Continued on Page 3)

Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

The OI Steering Committee currently is reviewing design team proposals for meeting specific quality, service and cost-reduction targets by the end of FY 1998. In March, the Steering Committee will submit to the hospital's General Executive Committee for approval any recommendations that will require investment of resources for implementation. Today's design team update is part of *Hotline's* ongoing coverage of OI progress.

Daniel Hoch, MD, PhD, director of the Epilepsy Monitoring Unit, and **Anne Young, MD, PhD,** chief of Neurology, are co-chairs of the Neurological Care Design Team. The team expects that various clinical care pathways — protocols guiding the course of treatment for specific diagnoses or procedures — will improve the quality of care delivered and minimize unnecessary diagnostic testing. Clinical care pathways help shorten length of stays and reduce costs.

Hoch and Young say that the team's plans rely on Partners' developing network of well-coordinated, high-quality care. "We expect to see fewer unnecessary tests and procedures, but more practical, early noninvasive studies, which can play an important role in preventing certain neurological problems," says Hoch. "We also expect that more patients will receive care at alternative inpatient and outpatient settings, such as nursing homes and rehabilitation centers, following discharge."

One of the team's recommendations is to establish an intensive observation unit — a less expensive and more appropriate setting than an ICU — for monitoring patients at lower acuity levels who may require immediate access to acute care, such as those recovering from seizures or head trauma.

PARTNERS PROGRESS

MIT Medical allies with Partners

THE MIT MEDICAL Department recently selected Partners HealthCare System for its tertiary and acute care services. This new relationship with both the MGH and BWH, effective Jan. 1, expands upon the existing MIT arrangement with BWH for obstetrical services. As part of this new alliance, 20 physicians who staff MIT Medical are expected to join the BWH or MGH staffs.

"We're very pleased that a group with the high-quality reputation of MIT Medical has chosen to affiliate with Partners," says Brit Nicholson, MD, director of Primary Care Administration at the MGH.

MIT Medical provides services to MIT students and many faculty, staff and their families. It offers a full range of primary and specialty care, including pediatrics, obstetrics/gynecology, surgical and medical subspecialties, psychiatry, social work, nutrition, podiatry and health education, in addition to laboratory, pharmacy and X-ray services.

"This alliance meets MIT Medical's need to be affiliated with a full-service, high-quality health care network," says Arnold N. Weinberg, MD, medical director at MIT Medical and a physician in the Infectious Disease Unit at the MGH. "MIT Medical's patients have access right now to the best tertiary care services, and we look forward to developing relationships with other health care providers affiliated with Partners through the PCHI [Partners Community HealthCare] network."

Forum affirms the

TEAMWORK as a key to success was the theme of the fifth annual Diversity Awareness Forum, hosted Feb. 2 by the Minority Nurse Retention and Recruitment Committee. The theme could as easily have been diversity in the midst of downsizing. Eight speakers explained such seemingly conflicting MGH goals as reducing the overall size of the institution's work force and increasing the presence of people of color — Blacks, Latinos, Asians and Native Americans — among employees and staff.

In separate presentations, Samuel O. Thier, MD, president of The Massachusetts Gener[illegible] Hospital corporation and P[illegible]s HealthCare System, and Richard R. Crater, MGH chief executive officer and executive vice president of The Massachusetts General Hospital corporation, pointed to such team efforts as Operations Improvement and strategic planning to explain that the MGH and Partners have acted rationally in response to the upheaval in health care.

Applauding the MGH-Partners response, Thier said, "As difficult as the past couple of years have been, we are in better shape than anyone else in town." Thier emphasized that the MGH and Partners will continue to respond with the same thoughtfulness as competitive market forces increase in the near future.

Crater asserted that despite the uncertainties of the future and the unavoidable need f[illegible] staff reductions, the MGH remains committed to increasing the diversity of its employees and

MGH HOTLINE

...portance of diversity and teamwork amid increasing market pressures

staff, and that diversity will be fully integrated into ongoing strategic planning and Operations Improvement efforts.

Of course, the challenges of the managed care revolution are not the only pressures pushing the MGH to change. The U.S. population is in flux too. According to demographic statistics, during the next few decades the proportions of African-Americans, Asians and Latinos are expected to increase steadily as the percentage of whites declines. These shifts are expected to have dramatic effects on American businesses, including health care institutions.

...Winfred W. Williams Jr., MD, d... of the MGH Office of Minority Health Professions, pointed to the recruitment of minority participants into clinical trials as a vehicle for achieving a number of objectives in the MGH diversity effort. As it becomes increasingly obvious that the incidence of diseases varies among races and ethnic groups, he said, research centers "need to explicitly consider inclusion of women and people of color in clinical studies" to improve the health of all. He noted that this kind of research initiative is a priority for the National Institutes of Health and provides an opportunity to recruit more physician- and nurse-researchers of color as well as minority patients into the system. He prefaced these remarks by reiterating the need for the patient and employee populations of institutions such as the MGH to reflect the populations of the communities they serve.

In addition to Thier, Crater and Williams, keynote speaker Linda Burnes-Bolton, RN, DPH, past president of the National Black Nurses Association, was joined by Brenda S. Cherry, RN, PhD, dean of the University of Massachusetts College of Nursing; Gail Kuhn Weissman, RN, EdD, MGH chief nurse executive and senior vice president for Patient Care; Barbara Holland, MGH director of Diversity; and Jeff Davis, MGH senior vice president for Human Resources and Continuous Improvement.

"Today's discussions communicated the positive impact the strategic planning process has achieved in making the MGH community aware of the importance of diversity, even in the midst of downsizing," said Ronald Greene, RN, co-chair of the Minority Nurse Retention and Recruitment Committee. ●

— Glynn named Partners chief operating officer

(Continued from Page 1)

for a $250 million budget, a $500 million endowment, and human resources and labor relations for 3,000 employees. Glynn also has been general manager of the Massachusetts Bay Transportation Authority (MBTA). During his tenure, the MBTA employed 7,000 people and had an annual operating budget of $750 million.

Glynn has held a number of other professional positions in Boston, including deputy commissioner of the Massachusetts Department of Public Welfare, which oversaw the Medicaid program; assistant dean of the Florence Heller Graduate School at Brandeis University; and chair of the Mayor's Health Care Commission.

"To fill this new role at Partners, we looked for someone with experience in large, complex organizations and with a good track record at making them run smoothly. Tom more than fits that bill," says H. Richard Nesson, MD, chief executive officer (CEO) of Partners HealthCare System.

"I know I'm joining a first-class team with Partners," says Glynn. "Boston and its health care world have been an important part of my career, and it will be a privilege to return there to work with Partners' talented and innovative staff." Glynn received a BA in economics from Tufts University and a PhD from the Florence Heller Graduate School at Brandeis University. ●

"I KNOW I'M JOINING A FIRST-CLASS TEAM WITH PARTNERS."

Thomas P. Glynn

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MGH HOTLINE

WHAT'S HAPPENING

Chabner to speak at Spaulding

Bruce Chabner, MD, MGH chief of Hematology/Oncology, will be the next speaker in the Distinguished Lecturer Series at Spaulding Rehabilitation Hospital. He will address "New Drugs for Treating Cancer" at 11 am, Feb. 23 at Spaulding. CME credits are available for physicians. To reserve a free parking space, call 720-6823.

Learn about the Internet

The Treadwell Library's "Introduction to the World Wide Web" course is open to employees and staff familiar with Windows. Other courses, including sessions about on-line searches, and tours of the library, also are offered. Call 6-8600 for details or to register.

Mind-Body Medicine Group

Yoga, Karate, Tae Kwon Do and Qigong are all part of the MGH Mind-Body Medicine Group's winter program, conducted in cooperation with the Employee Exercise Program. Classes are in the Ruth Sleeper Hall aerobics studio. The group also will host a series of lectures, including the Feb. 22 "Network Chiropractic" from 4 to 5:15 pm in the Wellman Conference Room. For information, call Maureen Spencer, MEd, RN, at 4-3076.

On Feb. 24 "A Day of Relaxation for the Mind, Body and Spirit" will feature meditation, yoga, healing touch, and workshops on stress reduction and alternative medicine. Registration for the program, which costs $60, is limited to 30 participants. For details or to register, call Ronnie Shaffer, RTR, at 857-2353.

Chapel concert series

Former MGH cardiac patient Eugene Schwab will perform piano works Feb. 14 at 2 pm as part of the Chapel concert series. The series, broadcast on MGH Channel 12, is open to patients, visitors and employees.

GLBA events

The MGH Gay, Lesbian, Bisexual Alliance will hold an open meeting Feb. 16 at noon, Burr Conference Room 3, Bartlett Extension third floor, and a Valentine's gathering Feb. 13, 6 to 9 pm. Call 6-5687 for details.

Continuing education

Harvard School of Public Health (HSPH) is offering executive education programs in Health Care Management this spring. Subjects include health care negotiation and conflict resolution, assessing clinical quality in managed care organizations, information systems for managed care and integrated delivery networks, and managing ambulatory health care for physicians in community health centers. For details call 432-1171 or e-mail contedu@sph.harvard.edu.

HSPH also will hold the "Summer Institute for Public Health Studies in Quantitative Methods" in two sessions: July 1 to 26, and July 29 to Aug. 16. The application deadline is March 15. For information, call 432-1052 or e-mail admisofc@sph.harvard.edu, specifying "summer institute" on the subject line.

— MGH Telemedicine Center

(Continued from Page 1)

conjunction with the MGPO, recently established the MGH Telemedicine Center, which is intended to help centralize and coordinate MGH activities in the field.

The technology, notes Kvedar, is just about here, but many clinical, social, political and network development problems must be solved before telemedicine becomes a routine part of care.

Telemedicine is most advanced in the area of radiology. MGH radiologists, working through privately owned companies, have been consulting via telemedicine with Saudi Arabia and other countries for several years. Telemedicine links have been up and running between the MGH and health centers in Chelsea and Revere.

Radiologists, explains Kvedar, have solved many problems that other disciplines have not. For instance, standards for image quality have been developed for radiologic images, data transmission has received FDA approval, and clinical trials are under way.

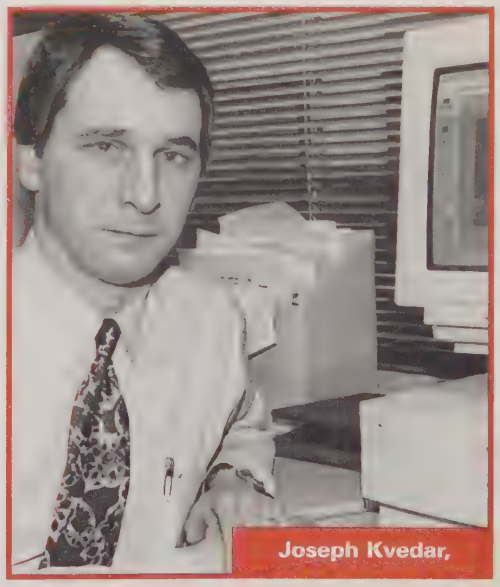
Practice standards have not been developed in other specialties. In fact, in traditionally face-to-face disciplines, it has not yet been proven that telemedicine works at all.

Nationwide, some 100 demonstration projects have begun in various disciplines, mostly serving underserved rural areas, prison populations and the military. Kvedar says he would like to see the MGH become a leader in bringing telemedicine to the urban marketplace.

The MGH Telemedicine Center will be crucial in tackling such obstacles as reimbursement methods, cross-state licensing, liability issues and FDA approval, says Kvedar.

The center also can help dispel "technophobia" among primary care physicians.

But despite the problems that must be solved, says Kvedar, the promise of telemedicine is real. "Telemedicine," he says, "will eventually revolutionize the way health care is delivered." ●



Joseph Kvedar,

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February 16, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Administration moves to Bulfinch

ADMINISTRATION offices from White 1 — including those of Samuel O. Thier, MD, president of The Massachusetts General Hospital corporation and Partners HealthCare System, and Richard R. Crater, MGH CEO and executive vice president for The Massachusetts General Hospital corporation — this week moved to new quarters on the second and third floors of the Bulfinch Building. Key personnel from the Trustees House and several other areas also have moved to the Bulfinch Building.

The moves will make room for the planned expansion of the White corridor and construction of a new public stairway to the basement cafeteria, part of the plan to create a more patient-focused ground floor environment. "This change also consolidates hospital leadership in a more efficient setting," says Crater, "and it is the first time in recent memory that the administration has worked together in one place."

in on the GROUND FLOOR

Meanwhile, work has begun on the reconfiguration of space for the Medical Walk-In Unit. That project calls for relocating the entrance to the unit around the corner from its current location and widening the corridor leading from the White Lobby to the WACC.

(Continued on Page 4)

PARTNERS PROGRESS

MGH, North Shore Medical Center pediatric programs collaborate

A NEW PARTNERSHIP between North Shore Medical Center (NSMC) and Partners HealthCare System will bring the expertise of MGH pediatric subspecialists to children and families who live north of Boston and expand educational opportunities for MGH pediatric residents.

According to R. Alan B. Ezekowitz, MBChB, DPhil, chief of the MGH Pediatric Service, pediatric subspecialists from the MGH will travel to NSMC to offer consultation to pediatricians there and evaluate children with complex or difficult health problems. Children seen at NSMC who are seriously ill or injured and require hospitalization in a tertiary pediatric setting will be admitted primarily to the MGH.

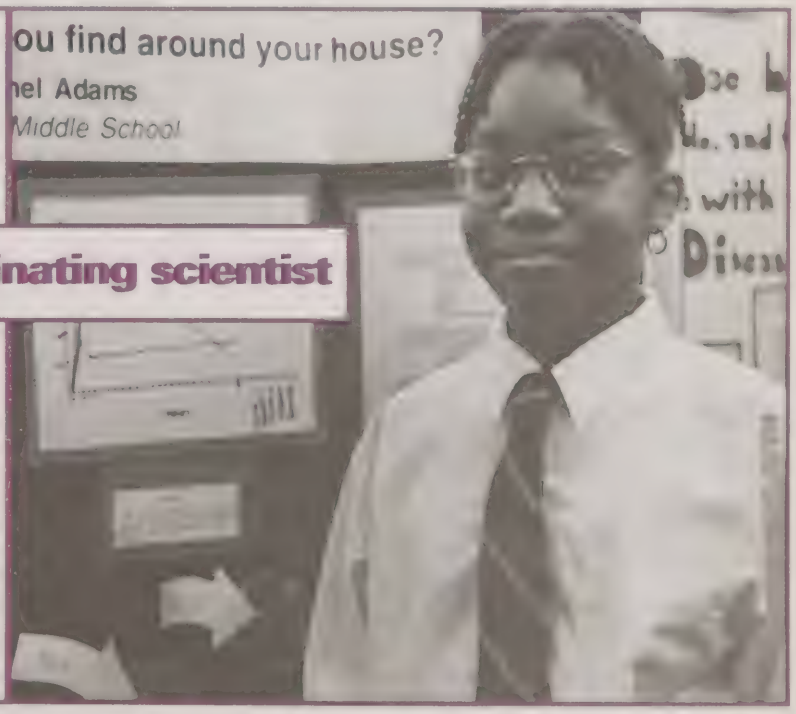
The North Shore-Partners relationship also provides the opportunity for pediatric residents training at the MGH to deliver care in a community hospital setting and work closely with community pediatricians. Beginning July 1, MGH pediatric residents will spend time at NSMC as part of their training.

"We are excited about the opportunity to work more closely with our colleagues on the North Shore," Ezekowitz says. "Providing excellent personalized care is a goal shared by both the MGH Pediatric Service and the Pediatric Service at North

(Continued on Page 3)

A germinating scientist

Rachel Adams began searching her home for bacteria in September. Last Friday, her findings were displayed in the MGH Walcott rooms under the banner, "How much bacteria can you find around your house?" Adams, a sixth grader, is one of 61 students from the Timilty Middle School in Roxbury who participated in this year's MGH-Timilty Partnership mentoring program. The partnership was formed in 1989 to encourage an interest in science among culturally diverse middle school students. Participants are paired with an adult mentor at the MGH to work on a science project from September through February. The results are presented by the students at annual science fairs held at the MGH and the school. Other projects this year included "How does smoking affect the capacity of the lungs?"; "Is there a connection between depression and eating disorders?"; and "Is there a difference in the cytoskeleton cells of Alzheimer's patients?"



Patients, visitors parking fees reduced

PATIENTS and their visitors will pay no more than $5 a day to park in the MGH front garages under a new parking fee structure implemented last month. The change, designed to make parking affordable for all patients and their visitors, follows earlier measures aimed at improving accessibility to the front garages by moving most employee parking to off-site lots. The parking changes are just one manifestation of the hospital's most important guiding principle, which "places the needs, convenience and comfort of patients ahead of all other considerations."

Patients and visitors who park in the front garages during peak hours and stay for more than three hours can have their parking tickets validated by ambassadors at the White and WACC information desks. Stays shorter than three hours or during evening and weekend hours already fall below the $5 maximum and do not require validation. Although signs in the front garages alert patients and visitors to the validation program, employees and staff also are being asked to spread the word.

As part of the parking program, employees who drive to the MGH are encouraged to take advantage of arrangements the hospital has made for reduced parking rates with garages at Haymarket/Government Center and the Museum of Science during peak times, Monday through Friday 9:30 am to 3:30 pm. In a move to discourage nonpatients and visitors from using the front garages at peak times, public rates have been raised. The cost of parking for 7 to 24 hours now is $25. Employees are not allowed in the front garages between 9:30 am and 3:30 pm Monday through Friday, unless they receive special permission from the Parking Office. According to Bruce Ernst, director of Operations Program Planning, employees and staff who misuse the validation system may be subject to disciplinary action.

While employees may park in the front garages for free between 6 pm and 9:30 am, those who enter the garage between 3:30 and 6 pm weekdays are charged a small fee. Discount coupons, valid weekdays between 3:30 pm and 9:30 am, are $70 for 20. Weekend coupons cost $28 for 20.

For more information, contact the Parking Office at 6-2390. ●

MGH, BWH affiliate with Florida practice

IN A MOVE designed to augment medical care in south Florida, the MGH and BWH have established a relationship with University Clinical Associates, Inc. (UCA), an internal medicine practice in Palm Beach County. The affiliation calls for the two hospitals to work closely with UCA to bring the latest medical knowledge to the Palm Beach area, attract top-quality physicians to the practice, and expand continuing education opportunities for physicians in the region.

Many residents of and visitors to the Palm Beach area have relationships with MGH or BWH physicians. The affiliation will enhance continuity of care.

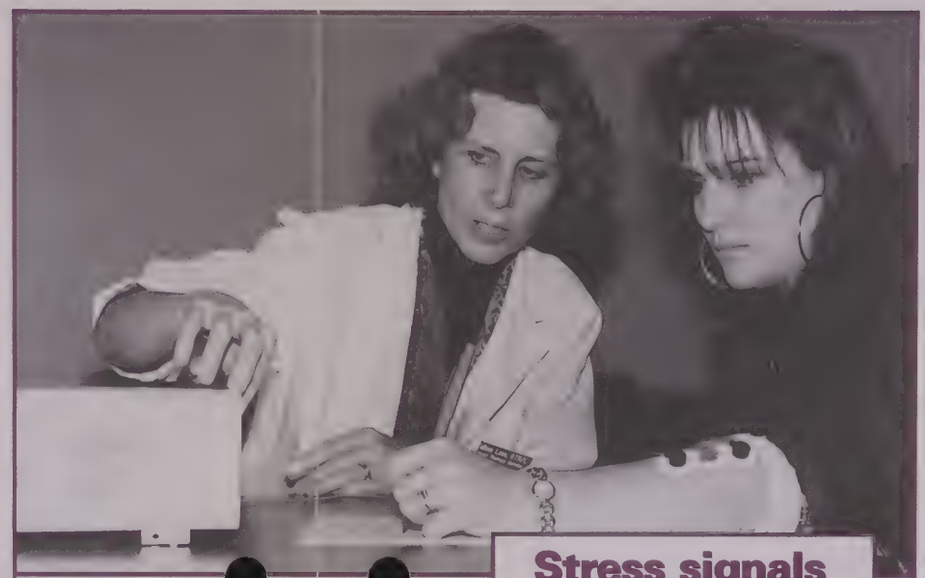
UCA was created in May 1995 when nine internal medicine physicians formed a group practice. The practice, which now includes 12 physicians, is expanding quickly and plans to add as many as 10 physicians a year.

Under the affiliation agreement, the MGH and BWH will help UCA identify and recruit physicians who have earned degrees from Harvard Medical School and/or have trained at either hospital. UCA will adopt the credentialing criteria that have been developed for primary care physicians associated with Partners HealthCare System.

As the Florida practice grows and evolves, the MGH and BWH will discuss with UCA the feasibility of establishing a medical clinic that might be affiliated with the two teaching hospitals. Such a clinic, UCA physicians say, would be attractive to the residents of Palm Beach County as well as to those who visit or live part-time in south Florida, many of whom come from other countries.

BWH, the MGH and UCA will jointly sponsor presentations, seminars and health information and educational sessions. Videoconferencing and telemedicine capabilities may provide linkages that will enable interaction between physicians at UCA and the two Boston hospitals.

"The benefits of this innovative affiliation are many," says Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners. "Our organizations share a mission of delivering the highest quality medical services and offering the best medical education programs to benefit the community — whether that community is in New England or in south Florida. We are excited about the potential of this relationship and hope it can serve as a model that ultimately will enhance health [illegible] nationally." ●



Stress signals

A veritable smorgasbord of stress-defying methods were free for the sampling at the Stress Fair, sponsored by the Employee Assistance Program Jan. 31. Whether relaxing during a warm, soothing paraffin treatment at the MGH Beauty Shop table or receiving a rejuvenating therapeutic massage, those who stopped by the fair left not only in good spirits, but also better informed about managing stress. Colleen Lowe, OTR/L, a hand therapy specialist from Occupational Therapy, left, demonstrates biofeedback as Denise Uga, of Partners Managed Care Finance, moves her arm. Biofeedback can facilitate relaxation by providing audio-visual feedback of muscle activity. For information on stress management, contact Employee Assistance at 6-6976.

— Partners, North Shore form pediatric collaboration

(Continued from Page 1)

Shore Medical Center. We look forward to a fruitful partnership that ultimately will benefit children and families in the region."

Partners and NSMC last September began a formal process, expected to be finalized this year, that will result in NSMC joining the MGH and BWH as a corporate-level affiliate within Partners HealthCare System. In 1994, the North Shore Health System, the integrated physician-hospital organization formed by NSMC and its medical staff, became an early affiliate of P[illegible]rs' network, Partners Community HealthCare, Inc. ●

PARTNERS PROGRESS

Change in vendors to net savings

PARTNERS HealthCare System is finalizing an agreement to convert to Abbott intravenous systems and 3M infusion pumps over the next several months. The total savings of nearly $5 million over the seven-year agreement greatly exceeds any competitive offer currently available in the marketplace.

The decision to change vendors was made after evaluation by the Partners Infusion Technologies Cost Reduction Task Force Team, chaired by Simon Body, MD, director of BWH Thoracic Anesthesia, and the Needleless IV Therapy Group, led by Liz Scamperle, RN, MBA, manager of supply and utilization for Partners Materials Management. Both groups comprised representatives from nursing, pharmacy, materials management and biomedical engineering from the MGH and BWH.

"This agreement is the result of the long and hard work of many individuals, especially the clinical nursing staff," says Body. "Throughout the process, there was excellent collaboration across our two institutions and coordination with manufacturers' representatives."

Abbott and 3M are manufacturing partners of Owens & Minor. Over three years, Partners' relationship with Owens & Minor is expected to reduce by more than $20 million Partners' current annual expenditure of $75 million for medical/surgical products. (See *Hotline,* July 28, 1995.)

"This three-way agreement between manufacturers and Partners is just the first of many innovative arrangements that we expect will result in important savings for Partners," says John Gaida, director of Partners Materials Management.

Scamperle will coordinate the overall transition, a cooperative effort between Partners Materials Management and the affected clinical departments. ●

Nathan Dewing dies at 65

Nathan "Nate" Dewing, who volunteered at the MGH a total of 760 hours since 1992, died Jan. 6. Dewing spent the majority of his time at the Cox Cancer Center Concierge Desk. He received 100-hour and 500-hour service pins and is described by fellow volunteers as "the perfect gentleman."

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MGH HOTLINE

PAGE 4

— Administration moves to Bulfinch

(Continued from Page 1)

According to David Hanitchak of the Planning Office, at no time will the construction block the hallway.

Barbara Woo, MD, co-medical director of the Medical Walk-In Unit, says the reconfiguration of the unit is an opportunity to make its space more efficient and attractive. The unit also is exploring the possibility of expanding the Homeless Clinic by moving the administrative and case management functions of the clinic to offices nearby.

"The reconfigured space will better reflect our patient-focused attitude," says Woo. "The Medical Walk-In Unit will continue to meet the challenge of delivering excellent, efficient and cost-effective care." ●

Key personnel in Bulfinch

Now on Bulfinch 2:

- Jane L. Holtz
  vice president for Neurosciences
- Ann L. Prestipino
  vice president for Surgical Services
- Allison Rimm
  executive assistant to chief executive officer
- Peter L. Slavin, MD
  senior vice president and chief medical officer
- Kathleen E. Walsh
  vice president for Medical Services, Dermatology, OB/Gyn. and the Cancer Center
- Debra Weinstein, MD
  director of Graduate Medical Education
- Gail Kuhn Weissman, RN, EdD
  senior vice president for Patient Care Services and chief nurse executive
- W. Gerald Austen, MD
  MGH surgeon-in-chief and chief executive officer of the MGPO will maintain an office on Bulfinch 2 for meeting purposes

As of the end of March:

- James J. Mongan, MD
  MGH president and chief operating officer

Now on Bulfinch 3:

- Richard R. Crater
  executive vice president for The Massachusetts General Hospital corporation and MGH chief executive officer
- Jeff Davis
  senior vice president for Human Resources and Continuous Improvement
- Maryanne A. Spicer
  director of Corporate Compliance
- Samuel O. Thier, MD
  president of The Massachusetts General Hospital corporation and Partners
- Lee Webb
  Partners vice president for Real Estate and Facilities
- Martha Weinberg
  chief of staff for The Massachusetts General Hospital corporation

As of Feb. 26:

- Peter Markell
  chief financial officer
- The General Hospital Budget Office and the Financial Analysis and Decision Support Office — a total of 16 people.

WHAT'S HAPPENING

Holiday shuttle service

The shuttle service between the main campus, North Station and CNY will operate on a weekend schedule Feb. 19, Presidents' Day. Service will be every 30 minutes beginning at 9 am at CNY and ending at 6 pm. No other shuttle services will operate Feb. 19.

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Outpatient Psychiatry series

The Outpatient Psychiatry Annual Series, "Outcomes and Other Influences on Health Policy," begins Feb. 21. Eileen Elias, commissioner of the Massachusetts Department of Mental Health, will speak in the auditorium on Blake 1 at 11 am on "Implementing and Managing Organizational Change: The Massachusetts Public Mental Health Experience." The series examines the economic and political forces reshaping health care delivery by bringing together representatives from the White House, Congress, the Governor's Office, academic medicine, private industry and public health to analyze and discuss current trends in health policy. For information, call 6-3488.

Art on the go

The MGH Art Service, which has framed prints available to decorate hospital spaces, has moved from the Warren Lobby to Bulfinch 437, near the Ether Dome. The service can be reached by calling 6-8540.

MGPO quarterly meeting

All physicians are encouraged to attend The Massachusetts General Physicians Organization's first quarterly meeting Feb. 26, 5:30 to 7 pm in the auditorium on Blake 1. The agenda includes a review of practice FY1995 financial performance; plans for improved financial systems and processes; a new responsiveness-to-referring-physicians initiative; an update on Blue Care 65; and the latest on Operations Improvement.

Ash Wednesday services

Ash Wednesday services will be held in the Chapel, Feb. 21, at 9 am and 12:15 pm. Roman Catholic Mass will be celebrated at 4 pm. Ashes will be distributed at these services and between 9 am and 4 pm. Ashes also will be taken to inpatients. All services are broadcast on Channel 16. For information, call 6-2220.

New number for Mallinkcrodt GCRC

To improve service, the Mallinkcrodt General Clinical Research Center has established a new telephone number to handle all requests and inquiries about scheduling patients at the center. The new number is 72-MGCRC (6-4272).

February 23, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Strategic plan offers road map for staying competitive

Strategic MGH Planning

THE HOSPITAL'S STRATEGIC PLAN OUTLINES STRATEGIES TO POSITION THE MGH AHEAD OF THE COMPETITION AS A HIGH-VALUE HEALTH CARE PROVIDER.

AS THE NUMBER of patients enrolled in managed care programs steadily increases in New England and throughout the country, the MGH is developing strategies for a new, more competitive marketplace. In this market, providers able to offer high-value health care by coupling excellent clinical quality and service with lower prices will attract the most patients and generate the most revenue. The hospital's recently adopted strategic plan outlines strategies the MGH will pursue to position itself ahead of the competition as a high-value health care provider.

The plan identifies modifications in the MGH culture to reflect the changing requirements for success in providing health care. "Above all considerations, we need to anticipate and respond to the needs, comforts and convenience of our patients and their families," says Richard R. Crater, chief executive officer of the MGH and executive vice president of The Massachusetts General Hospital corporation. Crater co-chairs the Strategic Planning Steering Committee with W. Gerald Austen, MD, MGH surgeon-in-chief and CEO of the Massachusetts General Physicians Organization.

"We must broaden the meaning of putting patients first," says Austen. "In addition to continuing to deliver the best clinical care, we need to recognize and improve all the other important aspects of the patient experience." Another shift in thinking would modify the traditional department-centered approach to patient care, medical education and research to include more multidisciplinary collaboration.

The strategic plan also emphasizes the impor-

(Continued on Page 2)

Saved minutes, saved lives

SIXTEEN-YEAR-OLD Liz Gouveia of Westport, Mass., can remember chemical formulas, characters in the books she reads for her high school classes and scores from the games she has played as part of the field hockey team. But she has no memory of nearly dying in a car accident or of riding in a helicopter that landed on the roof of MGH's Blake Building.

(Continued on Page 4)

— Strategic plan

(Continued from Page 1)

tance of weaving the hospital's role as a founding member of Partners HealthCare System into the fabric of MGH culture. "We need to shift our thinking from that of a fully autonomous institution bound by walls to an organization that develops plans and strategies with other Partners members," says Crater. "Every MGH program should be evaluated to identify opportunities for collaboration or integration."

Criteria for program support and development, as well as specific strategic recommendations for patient care, medical education, research and infrastructure, also are outlined in the plan.

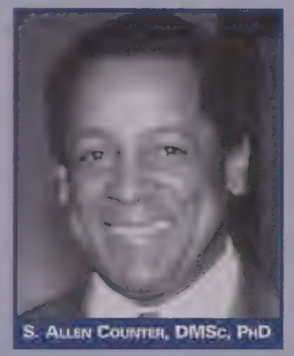
- The hospital will develop a comprehensive strategy to increase market share and, in general, will invest in patient care programs only with a demonstrated market demand and clear patient and family focus.
- Research program proposals will be evaluated based on quality and external financial support. Decisions regarding hospital funding of research projects will be based on the potential for improving clinical care and adding value to the institution.
- The medical education program will be coordinated with BWH. It will be redesigned and "right-sized" to reflect market realities, national employment trends and anticipated staffing needs.
- Strategies in patient care, medical education and research will be supported by a sound infrastructure, including state-of-the-art information systems, technology and facilities, and a well-trained work force.

The ongoing Operations Improvement (OI) initiative is linked closely to the strategic planning process. OI proposals for reducing cost while maintaining or improving clinical quality and service are based on the guidelines established by the strategic plan. OI is expected to achieve a significant portion of the cost savings and hospital redesign necessary to lower the hospital's prices to a competitive level.

Details about the strategic plan, including specific strategies, will appear in upcoming issues of *Hotline*. ●

Four MGHers named Black Achievers, MGH honored for corporate leadership

PAMELA BURTON



S. ALLEN COUNTER, DMSc, PhD

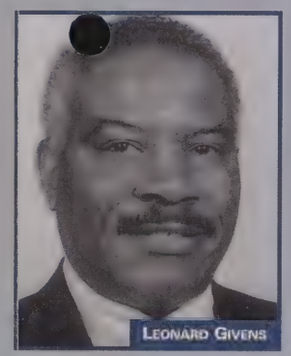
THE FOUR were among 92 area professionals named 1996 Black Achievers by the YMCA of Greater Boston last month for their career accomplishments and commitment to bettering the lives of youths in their communities. They join the ranks of 37 other MGH employees and staff members who have been named Black Achievers since the program began in 1975.

This year, in recognition of the MGH's long-standing involvement in the program, the hospital was honored with a Corporate Leadership Award for its good corporate citizenship and contributions to the Black Achievers program through recognition of achievers, program support and volunteer leadership.

"We have been proud and privileged to participate in the Black Achievers program for the past 20 years," says Richard R. Crater, MGH chief executive officer and executive vice president for The Massachusetts General Hospital corporation. "This award recognizes a significant community linkage for the MGH. That connection has been of invaluable benefit to many of our employees and their families as well as to the youth in the many communities served."

The MGH recipients are Pamela Burton, business manager for Social Services; S. Allen Counter, DMSc, PhD, neurophysiologist at the MGH and director of The Harvard Foundation at Harvard University; Joyce Farris, customer service associate in Materials Management; and Leonard Givens, computer programmer in Information Resources.

JOYCE FARRIS



LEONARD GIVENS

Phone answering procedures upgraded

TO MORE EFFECTIVELY HANDLE the thousands of calls it receives daily, the MGH Call Center has upgraded its telephone system. Now all operators respond to all calls to the main switchboard, patient information and page operator numbers. This means that calls can be evenly distributed to all available operators. No phone numbers have been changed.

All calls are answered in the order in which they are received. Callers not responded to within 25 seconds (five rings) will hear a recording followed by music-on-hold. The larger pool of operators available to answer each call means that call-response times should be significantly reduced.

Code calls always will receive immediate response. For cardiac arrest code calls, stat pages and Emergency Department trauma calls, dial 6-2245.

Q&A

***OI updates** in Hotline have said that some design teams are thinking about hiring outside companies to provide services for the hospital. How will the MGH make these outsourcing decisions?*

Such services as laundry, painting, printing and pest control already are delivered by outside companies. Like all decisions affecting hospital operations, outsourcing decisions are reached on the basis of quality, service and cost. The Operations Improvement initiative's evaluation of how services performed within the MGH compare with those delivered by outside companies found that the MGH is competitive in many areas, but not in all.

The MGH will make these comparisons on an ongoing basis and will consider outsourcing any service provided by the hospital that cannot match the quality, service and cost standards met by outside companies delivering the same service. The MGH will continue to provide internally those services that are central to the hospital's mission of patient care, medical education and research.

Through OI, the MGH intends to achieve at least $128 million in annual savings by the end of FY 1998.

Jeff Davis, senior vice president for Human Resources and Continuous Improvement, answers employees' questions.

***The MGH** does not want employees to join workers unions. Why then, does the hospital support the Massachusetts General Physicians Organization? Isn't the MGPO a union for physicians?*

No, the MGPO is not a union for physicians. The MGPO is a not-for-profit corporation employing more than 600 physicians and 900 other care providers and support workers.

In the current health care environment, physicians need to participate in managed care programs or risk losing many of their patients. One of the major roles of the MGPO is to represent the hospital's physician practices in managed care agreements. These agreements help to increase the number of patients cared for at the MGH and maximize incoming revenue, benefiting the hospital and all those involved in providing services to patients. They also benefit those patients who are given the option of coming to the MGH for care covered by their insurer.

In contrast to the MGPO, a union simply has the right to bargain collectively with an employer regarding wages, hours and working conditions. A union does not negotiate agreements with payors and does nothing to increase market share or revenue, help the employer stay in business or benefit customers.

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MGH HOTLINE

WHAT'S HAPPENING

MGPO meeting reminder
The Massachusetts General Physicians Organization will hold its first quarterly meeting Feb. 26, from 5:30 to 7 pm, in the auditorium on Blake 1.

Gay/Lesbian/Bisexual Alliance
The Gay/Lesbian/Bisexual Alliance will host an interactive workshop, "Supporting Diversity: Improving Workplace Relations with Gay, Lesbian and Bisexual Co-workers," Feb. 27, from 4 to 5:45 pm, Burr Conference Room 5, Bartlett Hall Extension, third floor. For information, call 6-5687.

Black History Month menu
To celebrate Black History Month, a special menu will be available in the East Cafeteria, Feb. 28, from 11:15 am to 3 pm.

Women in Academic Medicine educational series
"Commercializing Your Discovery: From Bench to Bedside," part of the Women in Academic Medicine Committee's educational series, will be Feb. 28, from 4 to 6 pm, in the Wellman 1 Conference Room. For information, call 4-2734.

Caring for mom and dad
Employee Assistance will host a seminar, "The Crunch: Caring for Mom and Dad," Feb. 28, from noon to 1 pm in Walcott 2. For information, call 6-6976.

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— Saved minutes, saved lives

(Continued from Page 1)

On a calm, clear Sunday night last March, Liz and a friend were on their way to a birthday party. As their car climbed a hill, it turned left, exposing the passenger seat, where Liz sat, to the onslaught of a speeding car. The seat Liz occupied was pushed almost to the driver's side, crumpling Liz's 5-foot, 2-inch body in the process.

From a local hospital, Liz was quickly sent to the MGH's Level 1 Trauma Unit, where an attending physician and trauma surgeon are always on site and all equipment and facilities that might be needed to treat a trauma victim are readily available.

"The entire focus of trauma treatment is around time; the system is designed for rapid response," says Alice Gervasini, RN, PhD, trauma nurse coordinator. "Extra minutes spent in transport to the Trauma Unit can mean many things — more blood loss, more time battling a blocked airway — things that can change the outcome for patients."

Within minutes of landing on the roof of the Blake Building, Liz was in an operating room. Her list of injuries read like the table of contents of a medical/surgical textbook: ruptured spleen, lacerated liver, pancreatic contusions, pelvic fractures, pulmonary contusions, rib fractures and bleeding in the brain.

"Liz could have died, but that is not the way we think," says Ralph Warren, MD, attending trauma surgeon, clinical director and assistant chief of the MGH Trauma Service. "We focus on what we can do, hold the patient's hand and explain what is going on — even if we don't think the patient can hear us — and then watch how the patient responds."

Later that night, Liz's parents, Ginny and Steve Gouveia, were told they should prepare to say good bye to their daughter. But Liz made it through the night and the following weeks, despite the severity of her injuries and a host of complications.

"It was about four weeks before we started to think Liz might survive," says her mother. It was another six weeks before Liz would hobble out of the MGH on crutches to return home.

Liz spent last summer with physical therapists relearning skills. Academic tutors helped her make up the school work she missed, and she is on track for graduation this spring. Now fully recovered, Liz says she has become a stronger person because of the accident. "What happened was bad, but in a way it has been a learning experience." ●

As a Level 1 Trauma Unit, the MGH treats more than 2,000 trauma patients each year, including the most seriously injured patients from throughout the region. The MGH was the first area hospital to build a rooftop helipad, which has been in full operation since Jan. 1, 1995. Since then, the helipad has provided direct access to the hospital, saving what could be life-saving minutes for 370 trauma patients. Before the opening of the helipad on the roof of the Blake Building, helicopters landed at the Nashua Street helipad and patients were shuttled to the hospital by ambulance.

March 1, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Advances

Study examines industry/university partnerships

AN MGH-LED STUDY shows that research partnerships between industry and universities produce benefits for sponsoring companies but probably do not have the potential to replace major cutbacks in federal support of scientific research. Published in the Feb. 8 issue of *The New England Journal of Medicine*, the study was led by members of the MGH Health Policy Research and Development Unit.

In a 1994 survey of more than 200 companies involved in the life sciences, the MGH team and colleagues from the University of Minnesota found that most companies sponsoring university-based research realize patents, products or sales out of the collaborations and will probably continue their support. Companies, however, frequently require university scientists to keep results secret beyond the time required for patent protection, which may pose a risk to open scientific communication.

David Blumenthal, MD, MPP, director of Health Policy Research and Development and lead author, explains that industrial partnerships are an important but still relatively small part of the overall support of academic life science research. "These relationships provide only 10 to 11 percent of total research support at universities. To make up for a 10 percent reduction in NIH grants, industry

(Continued on Page 4)

Steps outlined to reduce budget shortfall

THE HOSPITAL THIS WEEK announced plans to reduce a projected $43.4 million deficit from clinical and research operations for this fiscal year. Among the budget deficit reduction steps are the implementation of Operations Improvement design team recommendations, program review, restrictions on hiring, limiting the use of temporary employees and overtime, bed closings and revenue enhancements.

As part of the reduction, 418 full-time equivalent positions will be eliminated — which does *not* translate to 418 people being laid off. While it is expected that several hundred of these positions will be eliminated primarily through attrition, some layoffs will be necessary. The eliminations will not be across-the-board or all at once, but will be the result of the ongoing re-engineering of the way work is performed.

The financial shortfall necessitating the reduction of positions is linked with intensifying market pressures related to volume, payment rates and an increase in expenses, says Peter Markell, interim chief financial

(Continued on Page 2)

The envelope please ...

TIMILTY MIDDLE SCHOOL [illegible] with [illegible] and [illegible] with [illegible] support from the mentor Bill Bachman, MGH [illegible] Environmental Services, at the school's recent science fair competition. Thompson and Eastmure were one of 72 [illegible] to work on a science project together as part of the MGH Timilty [illegible] mentoring program. Thompson's project, "How Do Oysters Remove [illegible] for a spot in the fair's grand finale. The fair's results will be announced in mid-March, and a select group of winners will represent the school at the upcoming Citywide Science Fair.

— Steps outlined to reduce budget shortfall

(Continued from Page 1)
officer. The budget plan unveiled this week is expected to lower by $31.7 million the projected deficit for the period that began Oct. 1, 1995 and runs through Sept. 30, 1996. After the reductions have been implemented, the MGH expects a deficit of $11.7 million from clinical and research operations. While the ultimate goal of the MGH is to operate at a break-even or better level from clinical and research operations, the hospital does have sufficient investment income, given the strong performance of the investment marketplace, to cover the projected deficit for fiscal year 1996.

"Any time an organization is facing layoffs — no matter how many people are affected — it is painful," says Markell. "But we have two choices: We can make changes now that will enable us to remain financially strong and competitive, or we can do nothing, which could weaken the hospital, necessitate major layoffs and hurt more people in the long run. We have developed a plan to deal with the deficit as quickly as possible, and that plan recently was endorsed by the Board of Trustees. We are communicating these changes to employees and staff on an ongoing basis and will continue to do so as further details are finalized."

Jeff Davis, senior vice president for Human Resources and Continuous Improvement says: "We will be implementing as many of the OI design teams' recommendations as possible by Sept. 30. Although this will help improve processes and the way work is performed, some positions will be eliminated. Affected employees will be informed by their supervisors, and Human Resources will be available to support and assist all those involved in this difficult situation."

Other methods to deal with the budget deficit include evaluating expenditures for certain programs, continuing to limit hiring by following the review process implemented earlier this year, and further reducing administrative layers. The hospital also will reduce dependence on Bulfinch Te[illegible] limit overtime and examine areas that have not participated in OI for potential cost savings. At the same time, the hospital will step up revenue-enhancing efforts such as building stronger patient referral links and strengthening primary care practices.

"I recognize that the past weeks have been difficult for employees who have been concerned about layoffs," says Richard R. Crater, chief executive officer of the MGH and executive vice president of The Massachusetts General Hospital corporation. "We hope to minimize layoffs by relying on the recommendations of the more than 1,000 people who have worked hard over the past several months to help reshape the work of the hospital as part of the strategic planning and Operations Improvement efforts. I am confident that the enormous insight and commitment they brought to this difficult process ultimately will help create a stronger institution."

ANNUAL ADVICE: Many of the more than 350 students who attended Harvard Medical School's third annual Biomedical Science Careers Conference Feb. 3 spent the better part of the day getting career advice. One-on-one conversations with MGH mentors were part of a program designed to encourage minority high school and college students to consider careers as scientists and physicians. Pictured from left, Winfred Williams, MD, director of the MGH Office of Minority Health Professions; Woodrow Myers Jr., MD, the conference keynote speaker; and John Potts, MD, MGH physician-in-chief, director of MGH Research and senior scientist.

MGH HOTLINE

Long-distance donors

FOR RESIDENTS of Whitesboro, N.Y., it seems that no distance is too far to travel to help a neighbor, especially when that neighbor is 17-year-old Steven Cucci, who underwent a bone transplant operation at the MGH Feb. 14 to treat bone cancer. The previous week, 27 of Cucci's neighbors, his school principal and school nurse traveled five hours by bus to the MGH to donate blood to be used, if needed, during his operation. Debbie Gibbs, a friend of the Cucci's who organized the journey, says it is Steven Cucci's compassion for others that made the people of Whitesboro so eager to help.

According to Mark Gebhardt, MD, Cucci's surgeon, the operation went well, and Cucci has returned home. Some of the blood donated by his neighbors and friends was used during surgery.

FROM THE ARCHIVES

An egg-sized tube helped bring X-rays to the MGH

ONE HUNDRED years ago this year, two "house pupils" used a makeshift contraption to produce the first X-ray image of a hand that had ever been taken at the MGH. Under the direction of Walter James Dodd, the hospital's lead pharmacist as well as its resident photographer, the students used an apparatus that combined what one described as "a small tube the size of a goose's egg" and a "static machine." Wilhelm Conrad Roentgen, the German physicist who had discovered X-rays just a month earlier, had developed the egg-sized tube, and Dodd had constructed the static machine to supply electrical current for his own early X-ray experiments. Not long after, Dodd produced an X-ray of the entire human body. From that day forward, MGH surgeons turned to Dodd and his contraption for X-ray images to guide their operations.

Today, Dodd is regarded as one of the early martyrs to the cause of X-rays. Unaware of the hazards of radiation, he suffered so much damage from his experiments that he required grafts to treat skin burns, had both arms amputated and, as a result of damage to his bone marrow, died of aplastic anemia at age 47.

A permanent tribute to Dodd's work hangs on the second-floor walls of Founders House, outside the Radiology Department Office.

For those curious about that tube size, a large Canada goose egg averages 87 x 58 millimeters, about two or three times the size of a chicken egg.

Walter James Dodd experiments on himself with X-rays long before anyone understood the danger of such a practice

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MGH HOTLINE

— Partnerships

(Continued from Page 1)

would have to increase its current commitment by 40 percent something we think is very unlikely."

He adds: "Benefits reported by survey respondents show no reason for industry to reduce its support of academic partnerships. Universities, however, probably should be more vigilant of the side effects of these relationships, which may involve more restrictions on the communication of scientific information than they currently believe."

Nancyanne Causino, EdD, of the MGH Health Policy Research and Development Unit, was a coauthor of the paper.

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What's Happening

Perceptions and Reality

The Alliance of MGH Minority Professionals (AMMP) will present renowned child psychiatrist Alvin F. Poussaint, MD, speaking on "Perceptions and Reality," March 7 from noon to 1:30 pm in the Bigelow Amphitheatre on White 4. Poussaint, director of the Media Center for Children at the Judge Baker Children's Center in Boston and a clinical professor in Psychiatry at Harvard Medical School, is a nationally recognized expert on racial and social interactions and issues of diversity in an increasingly multicultural society.

A reception in the Sweet Conference Room, White 4, will follow the lecture. For information call AMMP at 6-7672.

Bulfinch Patio to close

The Bulfinch Patio will close for repair for two months beginning March 7. The cracking concrete deck, which is also the roof to some basement areas, will be replaced. To minimize disruption, the old concrete will be removed on an around-the-clock schedule starting Friday afternoon, March 8 to 8 am Monday, March 11. If the removal is not completed, work will resume the following weekend on the same schedule. The new concrete surface will be equipped with heating elements to prevent ice and snow buildup and is expected to be completed by May 8.

New IDs

To complete the transition to the new security access control program, Police and Security requests all staff and employees who have not already done so obtain a new photo identification badge by March 29. Photo ID hours are Monday, Wednesday and Friday 8 am to 4 pm, and Tuesday and Thursday 6 to 8 pm, in the Clinics Basement, Room 044. Beginning April 1, the Police and Security Department will return to its regular photo hours, which are: Mondays 1 pm to 4 pm; Wednesdays 8 am to 5 pm; and Fridays 8 am to 1 pm.

Menopause series

Isaac Schiff, MD, chief of the MGH-Vincent Memorial Obstetrics and Gynecology Service, will speak about the process of menopause March 12 from 1:30 to 3:30 pm in the Walcott Rooms as part of a series on menopause. For information call Elsa Ramin, LICSW, at 4-0759.

Stress test weekend pilot

A pilot study to assess demand for stress tests on cardiac pathway patients awaiting discharge on weekends begins March 2 and ends April 28. The four groups of patients to be included are: Chest Pain Observation Unit patients, MI patients who have been thrombolysed, MI patients with non-ST elevation, and ventricular arrhythmia patients on the EP pathway. Stress tests will be available from 10 am to 2 pm on Saturday and Sunday and can be scheduled by calling 4-3600. An evaluation of the demand for weekend tests will be conducted after the final weekend.

Mind-body medicine

At the Finding Inner Peace Healing Program March 7, practitioners of such healing modalities as Reiki, therapeutic touch and polarity will offer free 30-minute sessions to MGH staff, patients and visitors. Sessions are from 4 to 4:30 pm, 4:30 to 5 pm, and 5 to 5:30 pm in Walcott Room 1. For information call Joan Arsenault at 4-0770.

Those who attend the second annual Mind-Body Medicine Fair March 11, may receive free sessions of acupuncture, massage, reflexology, aromatherapy, chiropractic therapy, Reiki, therapeutic touch, guided imagery or light and sound machine imagery. The fair will include lectures, exhibits and an opportunity to hear about alternative therapies as an adjunct to traditional care. The fair will be 11 am to 4 pm, in the Wellman Conference Room. Call Theresa Visconti at 6-7442 to register for a session or for further information.

Both sessions are sponsored by the Mind-Body Medicine Group. For general information about the group, contact Maureen Spencer, MEd, RN, at 4-3076.

ProTech benefit

The Longwood Symphony Orchestra will perform its third benefit concert for the Boston Private Industry Council School-to-Career Programs, which include Project ProTech. The concert will be held in Jordan Hall at the New England Conservatory. Tickets are $15 for general admission, with a 50 percent discount for students and seniors. For tickets call 536-2412. For information call 332-7011.

Heart Ball

Twenty-five dollars supports the American Heart Association and buys one chance at winning a 1996 Mercedes-Benz E-Class car. The raffle winner will be announced at the American Heart Association's annual Heart Ball March 29. Tickets start at $175 per person, and go up to $1,500 for a table of eight. For information call Kate Trainor, RN, MS, at 6-8248.

March 8, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

The healing powers of transplantation

As a major transplant center, the MGH is a place where patients come hoping to have their failing organs or tissues replaced with healthy ones. The MGH offers adults and children most standard types of transplantation currently available including kidney, pancreas, liver, heart, lung, small bowel and bone marrow. Area hospitals like the MGH that perform transplants rely on the New England Organ Bank (NEOB) to coordinate the recovery and distribution of the limited supply of organs and tissues throughout the region.

Francis L. Delmonico, MD, MGH director of Renal Transplantation, was appointed medical director of the NEOB in October 1994. Delmonico is responsible for monitoring all clinical policies, programs and services of the NEOB. Recognizing value in good communication, he regularly distributes a newsletter addressing clinical issues, clarifying policies, announcing upcoming events and encouraging participation. He also has written in both the professional and lay press about the importance of organ donation.

Francis L. Delmonico, MD

Delmonico says he considers the shortage of organs the most limiting factor affecting transplantation. Many prospective recipients wait a long time, and too many die before a donor is found. Educating the public about the scarcity of donated organs and ways to reverse this shortage is one of his priorities. "People often do not discuss their beliefs about organ donation with

(Continued on Page 3)

A new concept in lodging at the MGH

In the Charlestown Navy Yard, across the street from Building 149, stands the large marble facade of the Charlestown YMCA. Its warmly lit interior welcomes visitors, most of whom go straight to the health club facility. But since last month, a growing number of people have been calling the Y their temporary home.

The third floor of the Y now is available to patients and families of the MGH and the Shriners Burns Institute who need affordable, temporary housing. When Halcyon Place, a temporary housing facility in the Back Bay, closed in December, the MGH needed to find space that was close to the hospital, accessible for people with disabilities and available for families with children.

BEING AWAY FROM HOME BECAUSE OF A LOVED ONE 'S ILLNESS IS SCARY AND OFTEN VERY LONELY.

The MGH floor at the Y has a large sunny living room, a communal kitchen and 32 private, furnished rooms, each accessible with a key card. The rooms are equipped with a telephone, two twin beds, cable television, a full bath and a combination refrigerator-microwave oven unit. Some also have a kitchenette, with dishes and utensils. The cost, depending upon the unit, ranges from $35 to $49 a night. Guests can use the health club, including weight room and pool, and are given full access to on-site laundry facilities. And patients and their

(Continued on Page 3)

Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

The OI Steering Committee currently is reviewing design team proposals for meeting specific quality, service and cost-reduction targets by the end of fiscal year 1998. This month the Steering Committee will submit for approval to the hospital's General Executive Committee any recommendations that will require investment of resources for implementation. Today's design team update is part of *Hotline's* ongoing coverage of OI progress.

Michael Long, MD

John Remensnyder, MD

One change expected to come out of OI is the division of OR facilities into three functional areas to accommodate scheduled inpatient cases, scheduled same-day discharge cases and unscheduled operations. This is one of many recommendation of the Operating Room Related Services Design Team, led by Michael Long, MD, director of Anesthesia Services for the Same Day Surgical Unit, and John Remensnyder, MD, director of Operating Rooms.

The team currently is working with the Administrative and Corporate Services Design Team to develop a new "RSVP" center that physician offices will call to schedule OR time and equipment, preoperative evaluation and testing, and postoperative billing. "Surgeons, anesthetists and nurses will be asked to work together on shortening the length of their cases and completing operations within the time frame arranged with the RSVP center," says Remensnyder. Turnover time between surgical cases also will be minimized. Long and Remensnyder anticipate that some operating rooms eventually will close.

Cross training of support staff will help eliminate duplication of functions currently performed by Anesthesia, Nursing and Surgical Services. "The changes we are recommending rely on the participation of all OR personnel," says Long. "We expect to make the OR more efficient while maintaining its high-quality standards."

Press release

After nearly three months in the Sumner Redstone Burn Center on Bigelow 13, Alvaro Rosario, who was severely burned in the Malden Mills fire, was transferred to a rehabilitation hospital March 4, his 39th birthday. At a news conference, Rosario, who suffered smoke inhalation injuries and second- and third-degree burns over 60 percent of his body, thanked his caregivers and credited the MGH with saving his life. The MGH treated four patients from the Dec.11 blaze. Two remain at the MGH, one in good and the other in critical condition.

Members of the media talk with Rosario and his caregivers. Standing from left are: Edna Gavin, critical care technician; Jan Wilson, physical therapist; and Colleen Ryan, MD, Rosario's attending surgeon. Margarita Battle, coordinator of Interpreter Services, right, interprets for Rosario during the press conference.

MGH HOTLINE

— lodging

(Continued from Page 1)

families can use the MGH shuttle service to travel between the hospital and their temporary home.

Margo Jackson, on-site coordinator for the new lodge, says: "Being away from home because of a loved one's illness is scary and often very lonely — trying enough without being further burdened by having to pay a lot for accommodations. Family members and patients provide emotional support to one another, and we try to help make a difficult time a little easier." Guests often are referred by social workers, although many learn about housing options through their physician, Admitting staff or word of mouth.

The lodge has been modeled after its predecessor Halcyon Place, says Evelyn Bonander, MSW, director of Social Services. "Halcyon was such a great place. It was started from an idea suggested by Mark Brown, a 16-year-old cancer patient at the MGH, as one way to help ease the burden of housing during treatment of children's long-term illness," she says. "Along with Beacon House, we now have more affordable rooms with greater variety in accommodations. The success of Halcyon demonstrated the value of the hospital taking responsibility for some of the patient and family lodging. Our new facility enables the MGH to tailor lodging to fit the needs of our patients today."

Employees can tour the new facility at a March 21 open house, 2 to 4 pm. Donations of books and games would be appreciated. For information call Margo Jackson at 4-2027.

Pint-sized presents

Many people are inspired to give blood because of a personal connection to someone in need, perhaps a friend who has a medical emergency. Last week, Elizabeth Harding, a nursing assistant in the Operating Rooms, offered a group of friends and family an altogether more pleasant reason to give — her 24th birthday. Instead of marking the occasion with traditional gifts, Harding asked that they donate blood at the MGH in her name. On Feb. 27, 10 of Harding's friends and family members, as well as Harding herself, gave blood. And when each finished donating they were greeted not with the usual selection of cookies, crackers and juice, but with birthday cake and ice cream supplied by the Blood Donor Center.

— *The healing powers of transplantation*

(Continued from Page 1)

loved ones, so when family members are asked for consent, they must make a difficult decision at a painful time," he says. "It's important that people carefully decide whether they'd like to be donors and express their wishes to family members while they still can."

For some, the most rewarding aspect of work in transplantation is how it can benefit everyone involved in the process. "Organ transplantation provides the donors' families with a way to achieve some good out of tragedy," says Delmonico. "For the recipients it can mean a chance to lead better or longer lives."

LAST WEEK Susan Humphreys, RN, MS, became the NEOB's organ and tissue donation coordinator at the MGH. Humphreys has been working as nurse manager in various areas of the hospital since 1987, when she started in the Transplant Unit. As organ and tissue donation coordinator, she will educate MGHers about organ donation and identify potential donors, providing their families with information and guidance. Humphreys, who would like to serve as a resource to the MGH community, can be reached at 6-9220.

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MGH HOTLINE

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MGPO meeting draws 200

THE FIRST QUARTERLY MEETING of the Massachusetts General Physicians Organization (MGPO) drew a crowd of more than 200 physicians and administrators to the auditorium on Blake 1 Feb. 26. John W. Stakes, MD, director of Specialty Care Development, neurologist and director of the Sleep Lab, *right,* spoke about the new Specialty Care Development program he is coordinating under the joint sponsorship of the MGH and the MGPO. In addition, attendees heard from W. Gerald Austen, MD, MGH surgeon-in-chief and chief executive officer of the MGPO; James Heffernan, MGPO chief financial officer; James Richter, MD, MGPO medical director; and Jean Elrick, MD, a program leader for Operations Improvement. Look for detailed coverage of the meeting in an upcoming *Hotline* and in the March issue of *Fruit Street Physician.*

Scientific Advisory Committee reviews research program

FOR THE 49TH YEAR, some of the country's top scientists gathered in January at the MGH to discuss issues related to the hospital's research endeavor and suggest ways of meeting current challenges. The MGH Scientific Advisory Committee — comprising research leaders from universities, biomedical companies and the federal government — annually meets for an intensive review of the hospital's research program, in collaboration with the MGH Executive Committee on Research (ECOR).

This year's meeting concentrated on four areas of importance: new responsibilities assigned to ECOR for research management and policy-making, ways to increase clinical research activity at the MGH, the changing challenges of financially supporting research, and efforts to increase diversity and address women's issues in research communities at the MGH and nationwide.

"While many research institutions have high-level visiting research committees, it is certainly rare to have the benefit of a group that addresses its responsibilities with the level of candor and seriousness demonstrated by our Scientific Advisory Committee," says Ronald Newbower, PhD, senior vice president for Research and Technology. "The guidance of this process has been invaluable to the MGH for nearly 50 years, and we're looking forward to receiving the formal report and recommendations from this year's committee." ●

WHAT'S HAPPENING

Child care choices

The Employee Assistance Program will host a lecture, "Child Care Choices and Issues," March 13 from noon to 1 pm in the Wellman 1 Conference Room. For information call 6-6976.

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Marketing moves

The Marketing Department has moved to Bulfinch 3. The telephone number is 4-1974 and the fax number is 6-7855.

New number for Patient Transport

To streamline access to Materials Management Patient Transport and Equipment Services, beginning March 12 there will be one phone number — 6-2255 — for all related services, seven days a week, 24 hours a day. Requests for linen and supplies during the evening and night shifts also should be directed to this number. The following numbers will become obsolete: 4-1716 and 6-2848. Those with questions can call Ron Doncaster at 6-3686, Joe Panzera at 6-3686, or Barbara Hubley at 6-2223.

Hand-held computers as medical tools

Spaulding's Assistive Technology Center will sponsor a free lecture, "Hand-held Computers as Medical Tools," March 14 from 8 to 10 am at Spaulding Rehabilitation Hospital in Conference Rooms 8A and 8B. Speakers will discuss how health care professionals can use hand-held computers as a rehabilitation tool for patients. CMEs will be awarded, and a breakfast will be served. For reservations call 589-4673.

Blood supplies dip dangerously low

A breakdown of the mobile blood bank and the foul weather have combined to put the MGH blood supplies at a dangerously low level. The MGH Blood Donor Center staff asks that MGH employees who are able to give blood and who have not done so in the past eight weeks, please donate at their earliest convenience. Because of a staffing shortage, the Blood Donor Center has temporarily shortened its hours of operation. The center is open weekdays 8:30 am to 4:30 pm, and until 7:30 pm Wednesday evenings.

March 15, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

MGH to close some beds

AS PART of an ongoing effort to operate at the most efficient level, the MGH will reduce its total inpatient bed count by approximately 70 in a process that will unfold over the next six weeks. Patients and staff on four MGH inpatient units will be relocated to other areas of the hospital, and inpatient beds of several other units will be consolidated.

According to Jeanette Ives Erickson, RN, MS, deputy chief nurse executive, because affected staff members — nursing and non-nursing — will be reassigned to open positions throughout the hospital, these bed closings are not expected to result in staff layoffs.

"We are very pleased that we are able to offer other positions to affected employees," she says. "At the same time we recognize that this is a difficult process because it involves breaking up teams of people who work well together. For these groups, there is a natural sense of loss because many see their work environment as a home away from home. We want to be as supportive as possible as employees assume new roles in the hospital and begin the process of developing relationships with new colleagues."

The bed closing plan involves relocating patients and staff from Bigelow 10 to White 9, and from Bigelow 11 to White 11. In addition, White 13, which currently houses beds for the General Clinical Research Center (GCRC) and dermatology, will relocate to two areas, with the GCRC moving to a location on Ellison 13, and dermatology moving to White 9. The patients and staff on White 11 will move to space on White 8. Staff members who currently work on White 8 and White 9 will be reassigned to openings on other units throughout the hospital.

Staff members on all

(Continued on Page 4)

A MESSAGE FROM RICHARD R. CRATER, MGH CEO

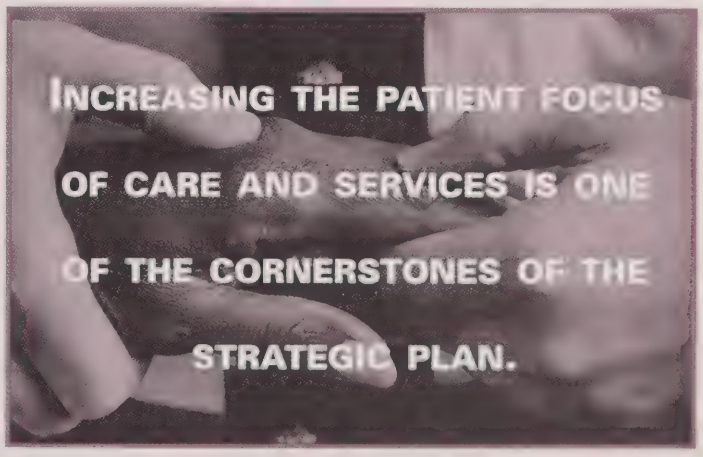
"IT HAS BEEN A CHALLENGE AND A PLEASURE ... TO BE PART OF THIS EXTRAORDINARY ORGANIZATION."

Strategic plan puts focus on patients first

TO ENSURE the MGH remains a leading player, whatever the next act in the managed care drama brings, hospital leadership embarked on a strategic planning process in October 1994. And they have emphasized patient care issues in the plan. In fact, three of five strategic planning task forces — patient- and family-focused care, integrated delivery system, and tertiary and quaternary care — studied patient care issues.

"Increasing the patient focus of care and services at the MGH is one of the cornerstones of the strategic plan," says W. Gerald Austen, MD, MGH surgeon-in-chief and chief executive officer of the Massachusetts General Physicians Organization, who co-chairs the Strategic Planning Steering Committee with Richard R. Crater, MGH CEO and executive vice president for The Massachusetts General Hospital corporation. "Above all else, the MGH exists to care for patients and their families. That means decisions must be based on how well the result will serve patient needs, rather than those of employees, staff or departments."

Also essential for the MGH's long-term survival is building and then maintaining its market share. In today's increasingly competitive managed care environment, a medical center's success is tied directly to the number of potential patients enrolled in its system. MGH leaders propose expanding the hospital's market share by making the MGH more attractive and more



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Shriners Burns Institute to move to new structure next week

NEXT FRIDAY ambulances will travel back and forth along a stretch of Blossom Street only a few hundred feet long. This activity will not indicate an emergency or a loss of ambulance drivers' senses, but will signal the completion of five floors of the new Shriners Burns Institute (SBI). Because there is no internal access from the old building to the new, ambulances will be used to shuttle children from the exit of one end of the old SBI building to the elevators that access the new structure just a few hundred feet away.

Since 1993 the 27-year-old, four-story SBI building has been undergoing a metamorphosis into a nine-story ultramodern hospital. An architecturally complex undertaking, the new facility is being built over and around the original building without interrupting patient care. Once administrators and patients move to the top five floors, the original building will be demolished, a two-level underground parking garage constructed, and the first four floors built to meet the top five. The entire project is scheduled for completion in mid-1998.

Since its opening in 1968, SBI and the MGH have worked closely together, and have benefited from the shared expertise of many staff members. SBI is known internationally for providing pediatric burn care at no cost to patients, their families or any third party.

The MGH welcomes James J. Mongan, MD, as president and COO

THE NEW president and chief operating officer of the MGH, James J. Mongan, MD, assumes his post Monday. *(See Jan. 19 Hotline.)* In leading the MGH, Mongan will be responsible for overseeing the operations of the institution and will help set institutional direction and strategy for the hospital as part of Partners HealthCare System. Most recently Mongan, a leading national health policy expert, was executive director of Truman Medical Center in Kansas City, Mo., and dean of the University of Missouri-Kansas City School of Medicine.

Mongan starts at the MGH as Richard R. Crater, current MGH chief executive officer and executive vice president for The Massachusetts General Hospital corporation, prepares to begin the Advanced Management Program at Harvard Business School. *(See message on Page 3.)* The day-to-day operational responsibilities of the MGH that had been handled by the four-member transition team assisting Crater in recent months now will shift to Mongan.

MGH senior vice presidents will report directly to Mongan; clinical vice presidents will report jointly to Mongan and W. Gerald Austen, MD, MGH surgeon-in-chief and CEO of the Massachusetts General Physicians Organization; and chiefs of service will report to Mongan for issues related to their MGH responsibilities, to Austen for all others. Austen, Crater and Mongan all will report directly to Samuel O. Thier, MD, president of The Massachusetts General Hospital corporation and president of Partners. As of July 1, Thier's responsibilities will expand as he assumes the role now held by H. Richard Nesson, MD — that of Partners CEO. Thier will continue to serve as president of The Massachusetts General Hospital corporation when he becomes Partners CEO.

James J. Mongan, MD

Mongan can be reached at 4-0567, by fax at 4-3377 or by addressing house mail to Bulfinch 240. In the coming months Mongan will meet MGH staff and employees in various forums. More information on Mongan will appear in future issues of *Hotline*. ●

MGH, BWH, Dana-Farber lead in NIH funding

REPEATING THEIR PERFORMANCE of the past several years, the MGH and BWH again topped the list of independent U.S. hospitals receiving awards from the National Institutes of Health (NIH) in fiscal year 1995. This is the ninth consecutive year that one of the hospitals — the founding members of Partners HealthCare System — has ranked first or second.

The MGH ranked first for the second year in a row, receiving $103.5 million, a 5.4 percent increase over fiscal year 1994. BWH ranked second, receiving $103.1 million. In addition, Dana-Farber Cancer Institute, which recently joined with Partners in forming Dana-Farber/Partners Cancer Care, ranked third with a total of $46.9 million.

The NIH awarded more than a quarter of a billion dollars in direct and indirect costs to the three institutions to support biomedical training and research into the causes, cures and prevention of disease. This year's figures reflect continued substantial growth for the hospitals' research programs over the past several years.

"The continued success at generating peer-reviewed funding in such a competitive environment and with limited growth of federal budgets is dramatic testimony to the superb talent of the research staffs at the MGH and BWH," says Ronald Newbower, PhD, senior vice president for Research and Technology. ●

Surgeon Claude Welch dies at 89

CLAUDE E. WELCH, MD, an MGH surgeon for more than 40 years, died March 9 after suffering a stroke. He was 89.

Welch, a prolific author and long-time champion of higher professional standards in medicine, was a well-known specialist in abdominal surgery. It was this expertise that led him to become one of only six physicians who consulted with Italian physicians treating Pope John Paul II for a gunshot wound suffered during an assasination attempt in 1981. A member of countless medical organizations, Welch also served in World War II as a member of the 6th General Hospital unit.

He leaves his wife, Phyllis, two sons and six grandchildren. A memorial service for Welch was held March 28 at 3 pm at Memorial Church at Harvard University.

Dear Colleague:

As most of you know, I will be leaving the day-to-day activities of the MGH at the end of this month to enroll in the Advanced Management Program at Harvard Business School. When I return my responsibilities will focus on issues related to McLean Hospital, Spaulding Rehabilitation Hospital and the Institute of Health Professions. I am pleased to know that the MGH will find excellent, strong leadership in its new president and chief operating officer, Dr. Jim Mongan, who begins Monday.

At this time of transition in the leadership of the hospital, I want to thank employees and staff for their support and help during my 17-year tenure at the MGH — from a fellowship when I first graduated from business school to my current position as CEO.

It has been a challenge and a pleasure both personally and professionally to be part of this extraordinary organization. This hospital always has been and will continue to be an outstanding place for patients and their families, as well as a remarkable place to work.

Sincerely.

Richard R. Crater

— *Strategic plan puts focus on patients first*

(Continued from Page 1)

accessible to those it serves, including patients, referring physicians, payors and employers. Among the many initiatives under way in this area are: reduced parking fees for patients and visitors, the Ambassadorial Program, the ground-floor renovation project, the opening of the new Telemedicine and International Patient and Family centers, and a directory of MGH physicians to be sent to referring physicians throughout the region to facilitate access to specialty care at the MGH.

According to the strategic plan, as the MGH builds its market share by expanding the ranks of its potential patients and referring practitioners, the hospital will seek to preserve its patient population by continuing to provide superior value — the highest quality service at the lowest possible cost.

MGH participation in the Partners HealthCare System as a local and regional provider of primary and specialty care will help the hospital achieve its goal to build market share. The plan also asserts that the MGH's membership in Partners will provide opportunities to take advantage of economies of scale by consolidating administrative, support and clinical programs with BWH where appropriate.

Drafters of the plan emphasize that strategies and goals have been developed in response to conditions as they appear today and will be reviewed and revised as circumstances change.

Details on the strategic plan will be made available in various forums, including *Hotline*, during the coming weeks and months. ●

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MGH HOTLINE

— MGH to close beds

(Continued from Page 1)

affected units were informed of the plan March 13, immediately after the hospital's General Executive Committee approved the bed closings. The step-by-step relocation process will begin the last week of March and is expected to be completed by the end of April. The bed closings are part of a continuing effort to bring the hospital's bed count, which is currently 860, more closely in line with decreasing inpatient hospital utilization.

THE BED CLOSINGS ARE PART OF A CONTINUING EFFORT TO BRING THE HOSPITAL'S BED COUNT, WHICH IS CURRENTLY 860, MORE CLOSELY IN LINE WITH DECREASING INPATIENT HOSPITAL UTILIZATION.

"We know that any type of change that directly affects people's jobs is hard," says Jeff Davis, senior vice president for Human Resources and Continuous Improvement. "In this case, we have been able to plan effectively for the bed reductions and manage the downsizing through attrition, not layoffs. Our objective remains to make the necessary adjustments in our operations in ways that will ensure high-quality care for patients while being sensitive to our employees and staff." ●

WHAT'S HAPPENING

Children in Health Care

Children in Health Care Week is an annual educational week designed to increase awareness of children, families and staff members in hospitals and community-based settings about issues related to hospitalization. The MGH Child Life Department will explore this year's theme, Preparation is a Partnership, in several ways during the week of March 17 to 23. Child life specialists will arrange special activities on the pediatric units for patients and families, will visit the MGH Children's Center to educate young children about the hospital, and will staff a table in the Gray Lobby at which educational handouts will be available Monday through Friday from 11 am to 2 pm.

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Remember to vote

The Harvard University Employees Credit Union will hold its annual election of directors March 20. Edward "Doc" Emde of Environmental Services is the only MGHer running for re-election this year. Credit union members are encouraged to vote, and can take a shuttle bus from the Gray Lobby at noon to Harvard Law School, where the election will be held.

Temporary lodging open house

The Department of Social Services invites all employees and staff to tour the new MGH temporary housing space for patients and their families at the YMCA in CNY. The open house will be March 21 from 2 to 4 pm at 150 Second Ave., third floor, located just behind Building 149. For more information, call Margo Jackson at 4-2027.

Workplace 2000

Patient Care Services will present Workplace 2000, a full-day forum to address issues related to diversity, March 22 from 8 am to 4 pm in the auditorium on Blake 1. Rosalyn Taylor O'Neal, a California-based diversity consultant, will speak and lead workshops geared toward helping participants explore concerns and examine the impact of diversity in a hospital setting in a changing health care environment. For more information, call Deb Washington at 4-7469.

Working to cure von Hippel-Lindau disease

The MGH and the Von Hippel-Lindau (VHL) Disease Family Alliance will sponsor a program called "Working for a cure for von Hippel-Lindau disease" April 14, between 2:30 and 4:30 pm. Speakers will include the MGH's Robert G. Ojemann, MD; Francis J. McGovern, MD; and Diana Griffith, PhD. Manuel Navia, PhD, of Vertex Pharmaceuticals Inc. also will participate. Speakers will explain the advances in clinical care and research toward a cure for VHL. For more information or to reserve a spot, please call Melissa Franks by April 5 at 4-6438.

Children's Center April vacation camp

The MGH Children's Center will offer its April vacation camp the week of April 15 to 19. Activities will include movies, shows and swimming. The cost is $150 for the week. Applications, which are available at the Employee Assistance Office on VBK 427 and at the CNY Building 149 Security Desk, can be submitted to the MGH Children's Center by mailing to CNY-CPQ. For more information about the vacation camp or day care services, call 6-KIDS.

Softball league

Members of the MGH Softball League are trying to remember where they put their gloves last September, when the '95 season came to an end. Why? Because the '96 season is just about here. Come April, the men and women of the league will spend most Friday evenings playing softball on the MDC fields located across Storrow Drive. The season runs from April through the playoffs in September. To join the league, call Billy Aylward at 4-6523, Tom Wonders at 6-1727, or Maureen Martinack at 6-5010. Those who work at CNY can call Dominic DiSalvo at 6-5270.

March 22, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Organized chaos from Bosnia to Boston

EIGHT BOSNIAN CHILDREN arrived at the MGH last week, poignant victims of the devastation of war. With injuries and ailments ranging from shrapnel embedded in a baby's brain to amputated limbs and chronic heart problems, the children need care unavailable in Bosnian hospitals.

Under the direction of Donald Medearis Jr, MD, former chief of the Pediatric Service, the children underwent various diagnostic tests and examinations, accompanied by mothers, interpreters, a Bosnian surgeon, representatives from the sponsoring organization Nobody's Children, MGH physicians and social workers.

At right are three of the five children who were examined by David Zaleske, MD, chief of Pediatric Orthopædics. Dani Drocic, 13, left, whose right foot was amputated in Bosnia, and Sanel Poskovic, 13, center, whose left arm was amputated, both will have surgery at the MGH in the coming weeks. Aldin Toporan, 14, right, who first came to the MGH last summer for treatment for a syndrome affecting his leg, is being monitored now that his adolescent growth spurt has begun. The children are expected to remain in the area for about a month for follow-up exams and treatment.

Medicare to pay for lung transplants at the MGH

THE MGH HAS BEEN APPROVED for Medicare reimbursement for lung transplantation, making it the first hospital in New England to carry that designation. The approval, given by the Health Care Financing Administration (HCFA) in the federal Department of Health and Human Services, was official March 1. The approval process, which involved rigorous review of the quality and outcomes of the program, brings with it Medicare reimbursement approval for heart-lung transplant surgery as well.

Leo Ginns, MD, medical director for the MGH Lung Transplantation Program, says patients listed for transplantation before February 1995 were approved for Medicare reimbursement only on a case-by-case basis. "HCFA would look at the circumstances of each Medicare patient awaiting transplant and would make reimbursement recommendations specific to each case. For any patient listed for lung transplantation after February 1995, Medicare will provide reimbursement only for transplants performed in a HCFA-approved center."

The first lung transplant at the MGH was performed in August 1990, and since then, more than 45 patients have undergone lung transplantation. According to Ginns, the most recent available data indicates that the average survival rate for lung transplantation in the United States is approx-

(Continued on Page 3)

MGH helps employees kick the habit

APRIL 15, the deadline to file taxes, is a day most people dread. But for Linda Gulla, an MGH Human Resources assistant, the date marks a milestone in her life — the day she quit smoking for good.

Gulla, who smoked on and off for more than three decades, had tried numerous times to quit before she turned to the MGH Quit Smoking Service in 1993. "I started the program here out of desperation, as a last-ditch effort," says Gulla. "I felt that if I didn't make it this time, I would be a hopeless case."

The MGH Quit Smoking Service suggests that people who are trying to quit smoking use the following techniques:

- **Take one day at a time. Tell yourself, "I won't smoke today."**
- **Reward yourself for your hard work after a day or week of not smoking. Do something special for yourself.**
- **Because people often use smoking to help handle stress, look for healthy ways to relieve stress, like exercise or relaxation techniques.**
- **Don't stay isolated. Seek help and support from family and friends, especially those who have quit smoking.**
- **Remember, if you have a slip, it doesn't have to be a fall. You can still quit smoking. Review what happened and why you smoked. Decide what you could do differently if that situation occurred again.**

Thanks to her motivation to succeed, support from her family and friends, and techniques she learned through the MGH Quit Smoking Service program, this April 15 marks Gulla's three-year smoke-free anniversary.

The MGH Quit Smoking Service, which began in 1993, has helped more than 250 people kick the habit. "Quitting smoking is a process, not a single episode or event," says Nancy Rigotti, MD, of the General Internal Medicine Unit and director of the Quit Smoking Service. "People often need someone to guide them through the entire process. We try to be that guide."

The group program, run by Thelma Tisdale, RN, MPH, Quit Smoking Service program manager, combines behavior modification with group support as well as the use of nicotine replacement, such as the patch or gum, when needed. Sessions start at the beginning of each month and run for eight consecutive Tuesdays or Wednesdays. At each meeting, group discussion is followed by guest speakers on such topics as nutrition, relaxation techniques and exercise. Between meetings, a phone line is available to help support participants or answer questions. A refresher group for program graduates meets once a month to help people stay on track.

"For smokers who aren't yet ready to quit, the Quit Smoking Service offers individual comprehensive evaluation sessions in which people can learn more about quitting," notes Rigotti.

"QUITTING SMOKING DEFINITELY IS ONE OF THE HARDEST THINGS I'VE EVER DONE, BUT IT FEELS REWARDING TO HAVE DONE IT."

Tisdale says: "We recognize that not all smokers are at the same place. Most smokers feel relieved to know we understand that quitting is a difficult process. They have not failed until they stop trying."

As April 15 approaches, Gulla says she feels good about what she has accomplished. "Quitting smoking definitely is one of the hardest things I've ever done, but it feels rewarding to have done it." ●

THE MGH HAS DEVELOPED a way to help employees who want to quit smoking. Through the Human Resources Department, funding is now available to employees who complete an approved smoking cessation program, such as those offered through the MGH's Quit Smoking Service. Employees will pay no more than $40 out of pocket to complete a program, and the hospital will pay the remaining program fee.

This initiative is designed to help employees comply with the new smoking policy that went into effect Jan. 1. The policy prohibits smoking at the entrance of the Cox Building and at the front of the main campus, including the Emergency and White Ramp areas; the perimeters of the WACC, Bulfinch, Wellman and Bartlett Extension buildings; the Bulfinch Lawn; and the Treadwell Library, WACC and Bulfinch patios. Smoking at CNY Building 149 is limited to the West Entrance.

For specific information about smoking cessation programs, call the MGH Quit Smoking Service at 6-7443 or the Employee Health Service at 6-2217. For more information on the smoking policy, call Maryanne Spicer at 6-5109.

MGH HOTLINE

34 MGH MDs ranked the best

THIS MONTH two national magazine surveys rank MGH physicians among the best in their fields. The "Best Doctors in America" ranking in *American Health Magazine* features 29 MGH physicians in its list of 1,019 of the best doctors in the nation. *Good Housekeeping*'s roundup of the best doctors for heart disease and stroke includes eight MGH physicians.

AMERICAN HEALTH MAGAZINE NAMES 29 MGH PHYSICIANS AS AMONG THE BEST IN THE NATION.

Both magazines compiled their lists after soliciting the input of physicians who selected doctors they considered the best in the nation.

BWH also fared well in the surveys, with seven physicians included on *Good Housekeeping*'s list and eight on *American Health Magazine's* list.

US News and World Report, which last year ranked the MGH the top New England hospital for the sixth year in a row, released its ranking of the country's top 25 medical schools in its March 18 issue. Harvard University topped this year's list, and Anne Becker, MD, PhD, a Harvard Medical School graduate and a member of the MGH Department of Psychiatry, was profiled in the article. ●

ADVANCES

Tumor physiology is key to cancer treatment

THE DEVELOPMENT of new tumor-fighting drugs will do little to improve cancer survival unless scientists devise better ways to get these substances inside cancer cells, says an MGH specialist in the field of tumor physiology. In an article in the Feb. 23 issue of *Science*, Rakesh K. Jain, PhD, director of the Steele Laboratory for Tumor Biology in the Department of Radiation Oncology, called on pharmaceutical and biotechnology companies to join with the federal government in supporting efforts to improve drug delivery and educate researchers about the physiologic barriers that keep anti-cancer drugs out of tumors.

Jain noted that while studies of the molecular and cellular biology of cancer have led to spectacular advances, the lack of similar efforts to understand tumor physiology could seriously cripple the battle against cancer. He explains that any tumor-fighting drug must be effective within the microscopic environment of the tumor and be able to reach tumor cells in sufficient quantity to be effective, without causing too much damage to normal tissue.

Solid tumors — such as cancers of the lung, breast and colon — account for 85 percent of all cancers diagnosed in the United States and continue to be major killers. The physical characteristics of such tumors, however, include several barriers that can keep anti-cancer agents from reaching all tumor cells. Currently, Jain notes, no college, university or research center offers formal training in the biochemical and physiological barriers to cancer treatment.

— Medicare to pay for lung transplants at the MGH

(Continued from Page 1)

imately 72 percent after one year and 55 percent after three years. The MGH Lung Transplantation Program exceeds those averages with survival rates of 87 percent after one year and 70 percent after three years.

Last fall, Ginns, along with John Wain, MD, surgical director for the Lung Transplantation Program, members of the lung transplantation team, and Stephanie Sullivan, director of Contracts for the MGH and the Massachusetts General Physicians Organization, submitted a proposal to HCFA outlining the hospital's Lung Transplant Program protocol.

HCFA's approval for Medicare reimbursement opens the door for other insurance carriers who may not cover transplant surgery, says Ginns. "Sometimes, when HCFA gives its stamp of approval to a procedure, other insurers follow," he says. "Often patients who were not covered by their carrier for a particular procedure become eligible for partial, if not complete, insurance coverage for that procedure."

The MGH Lung Transplantation Program is part of the Massachusetts Consortium for Lung Transplantation, a group of five hospitals. In addition to lung and heart-lung transplants, other transplant programs offered by the MGH include kidney, heart, liver, kidney-pancreas, small bowel and bone marrow. Kidney, heart and liver transplants at the MGH also are certified for reimbursement by Medicare. ●

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MGH HOTLINE

IN GENERAL

New recommendations on amino acid intake and the work that led up to them has earned **Vernon Young, PhD, DSc,** biochemist at the MGH and director of the Mass Spectrometry Facility at Shriners Burns Institute, the 15th annual Bristol-Myers Squibb/Mead Johnson Award for Distinguished Achievement in Nutritional Research. Rather than the decades-old technique used for estimating amino acid requirements, Young based his recommendations on a new technique he devised using a nonradioactive tracer isotope. His recommendations call for higher intake by adults of amino acids found in cereal grains.

A chapter about the role of preterm breast milk supplementation in the host defenses of preterm infants, by **Maureen Groër, RN, PhD,** president of the MGH Institute of Health Professions, and **W. Allan Walker, MD,** of the Pediatric Gastroenterology and Nutrition Unit, appears in Volume 43 of *Advances in Pediatrics,* published by Mosby-Year Book, Inc.

Janet Dickerman Pearl, MD, a second-year resident in the Department of Anesthesia, was recognized recently for her contributions to community service by the American Medical Association and Glaxo Wellcome Inc. as part of their Leadership Award Program. Among the community services for which Pearl was honored are: volunteering as a patient advocate at a free health clinic in Washington D.C.; sustaining a rape crisis center and establishing a late-night student shuttle service in medical school; and taking leave from her residency last year to volunteer as the health care director for the U.S. senate campaign in Massachusetts.

Police and Security named **Daniel Hagen** employee of the year in January. Hagen, who was nominated by his colleagues, is considered by them to possess several outstanding characteristics, including performing duties in an exemplary manner, providing consistent quality work, displaying a positive attitude and encouraging teamwork.

In *Continuing Bonds — New Understandings of Grief,* published by Taylor and Francis, **Phyllis Silverman, PhD,** of the MGH Institute of Health Professions and MGH Psychiatry Department, and **Steven Nickman, MD,** director of the MGH Adoption Custody Unit in the Child Psychiatry Service, are among three editors who present the work of 22 authors to expand professional understanding of grieving. The book suggests that the bereaved not follow the traditional advice of letting go of lost loved ones, but instead find a place for the deceased in their ongoing lives.

The discovery of two genes associated with inherited, early-onset Alzheimer's disease — found through the efforts of MGH scientists — was one of the top biomedical advances of 1995, according to the *Harvard Health Letter.* **Rudolph Tanzi, PhD; Wilma Wasco, PhD; and colleagues at the MGH Genetics and Aging Unit** discovered an early-onset gene on chromosome 1 in collaboration with researchers at the Veteran's Administration Medical Center in Seattle. They also contributed to the discovery of a long-sought gene on chromosome 14 by an international research group. The identification of these genes was on the *Health Letter's* annual list of the top 10 advances of the year.

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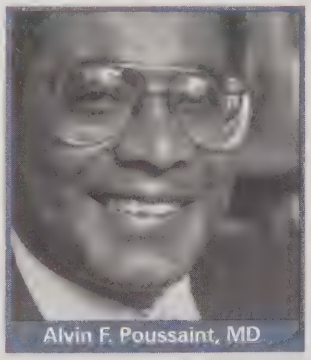
Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office, 101 Merrimac St., fourth floor.

Poussaint addresses race relations

HARVARD PSYCHIATRIST Alvin F. Poussaint, MD, addressed MGHers March 7 in a presentation entitled "Perceptions and Reality," sponsored by the Alliance of MGH Minority Professionals (AAMP). Poussaint talked to a capacity crowd in the Bigelow Amphitheater about race relations, prejudice and other diversity-related issues on which he is considered a national authority. Darnell Williams, Human Resources representative and chair of AAMP, says Poussaint's presentation supported AAMP's mission to raise awareness of such issues throughout the MGH community.



Alvin F. Poussaint, MD

WHAT'S HAPPENING

Winning at the Losing Game
The MGH Department of Dietetics once again is offering Winning at the Losing Game, a weight management program that focuses on developing healthy lifestyle habits. This 10-week program emphasizes behavior modification, nutrition and exercise. Led by a registered dietitian, the program incorporates three exercise sessions led by a physical therapist that focus on flexibility, aerobics, strength training and proper techniques. The next session will begin April 23 and will meet on consecutive Tuesdays from 5:15 to 7:30 pm. For more information or to enroll, call 6-2779 or 6-5800.

Tennis
The MGH Tennis League encourages players at all levels to join the group for Friday evening games. For more information, call 6-3726 or 4-4810.

Cycling
The MGH Missing Links, the hospital's cycling team, is gearing up for its 1996 season of fund-raising rides to benefit multiple sclerosis. For information please contact William Maynard or Dennis Picariello by e-mail or by calling 661-3561.

Ophthalmology information
Massachusetts Eye and Ear Infirmary (MEEI) is hosting "Issues in Ophthalmology" breakfast seminars for primary care physicians. The next session, "Management of Red Eye," with Anthony Adamis, MD, will be March 25. Upcoming sessions are "Glaucoma" April 9, and "Age-related Macular Degeneration" May 3. Sessions will be held at 7:30 am in Dining Room B, seventh floor of the MEEI main building. To register call 573-4199.

March 29, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

From bench to bedside

EXCELLENCE in research has been an integral factor in positioning the MGH at the forefront of medicine in the past. The pursuit of research excellence continues today as one of the hospital's guiding principles — a principle that ultimately advances patient care.

The hospital's strategic plan makes several recommendations that will ensure the MGH's continuing leadership in the research arena. One such recommendation has resulted in the recent establishment of the Clinical Research Program. The program's mandate is to encourage the growth of clinical research at the MGH through enhancement of translational — bench-to-bedside — research by training clinical investigators, generating increased revenue from trials, and coordinating the MGH's efforts with those of BWH and Harvard Medical School.

Strategic MGH Planning

"The hospital needs to break away somewhat from its traditional model of individual isolated research efforts," says John A. Parrish, MD, chief of the Dermatology Service and a member of the Strategic Planning Steering Committee, "and move toward an approach that encourages collaborations among basic scientists and between basic research and

(Continued on Page 2)

Mastering medical moves

MGH pediatric patients Nicole Chicarello, 10, left, and Roy Stevens, 7, try their hand at using syringes — without needles — during Children in Health Care Week activities at the hospital last week. By learning about medical equipment, children can gain a sense of control and familiarity with different elements of health care, says Lora Feltham, child life specialist. Children in Health Care Week is designed to familiarize children, their families and communities with the experiences of pediatric patients and caregivers. In addition to activities on the pediatric units, child life specialists visited the MGH Children's Center at CNY, and a team from Pediatric Cardiology participated in an educational event at the Children's Museum.

MGPO targets quality approach to managing managed care

IN 1995, the Massachusetts General Physicians Organization (MGPO) built a management team, developed a process for improving responsiveness to referring physicians and founded several primary care practices — an eventful year by any measure. At the MGPO's first quarterly meeting Feb. 26, speakers outlined a number of 1996 initiatives — including a new financial systems strategy and a variety of programs aimed at active management of managed care issues — that will extend the strides made in 1995.

THE MGPO HAS OUTLINED A NUMBER OF INITIATIVES, INCLUDING A NEW FINANCIAL SYSTEMS STRATEGY AND PROGRAMS AIMED AT ACTIVE MANAGEMENT OF MANAGED CARE ISSUES.

The meeting, held before a standing-room-only crowd in the auditorium on Blake 1, outlined the ways in which the MGPO is taking a leadership role in preparing MGH physicians to operate in a managed care environment and deliver the highest quality care to their patients.

The presentation by James Heffernan, MGPO chief financial officer, underscored the MGPO's fiscal strength and proactive stance on financial

(Continued on Page 3)

A meeting — and no one had to go too far

GETTING TO MEETINGS at other hospitals or facilities can be time consuming, expensive and just plain annoying. But when MGH and BWH urologists recently met to present and discuss journal articles, no one had any travel troubles. In fact, they never had to leave their respective hospitals.

Instead, they communicated by live video in what was the inauguration of telemedicine services offered to Partners HealthCare System through the new MGH Telemedicine Center.

"Transporting physicians to meetings from BWH to here or from the MGH to BWH can be a logistical and scheduling nightmare. I believe everyone agrees telemedicine is absolutely the way to go," says Stephen Dretler, MD, an MGH urologist who participated in the conference.

While telemedicine is usually thought of as a method of communication between patients and physicians, it can effectively facilitate communications between physicians and administrators within the Partners system, says Regina Buckley, director of the MGH Telemedicine Center. "As the Partners network expands, travel could become a major constraint on efficiency," she says. "Video-conferencing can make communications faster and easier."

The Department of Urology plans to make video-conferencing a regular feature of its continuing education activities, says Scott McDougal, MD, chief of Urology. Other departments, physicians and outside companies are already booking the center's facilities for educational conferences, consultations and satellite programs.

"This has been a small effort by the Department of Urology and a giant step for Partners," says Kevin Loughlin, MD, of the BWH Department of Urology.

For information, call Buckley at 4-8863. ●

IN THE NEWS

MGH to be featured on ABC-TV's "20/20"

ABC-TV's news magazine "20/20" will feature the MGH's Orthopædic Surgery Service in a segment scheduled to air April 5. The program depicts "20/20" co-anchor Hugh Downs' double knee replacement surgery performed this winter at the MGH by Murali Jasty, MD. Also featured in this segment is William Harris, MD, of Orthopædic Surgery, and staff members in the operating rooms and on Phillips House 21. "20/20" airs locally on WCVB-TV Channel 5 at 10 pm Friday evenings.

— *From bench to bedside*

(Continued from Page 1)

clinical research. We need to keep the mission of the MGH and the good of the whole in mind whenever we create a new research program."

Another important issue the strategic plan addresses is allocation of research space. "We need to look at whether we are using our valuable space to its fullest potential," says Ronald S. Newbower, PhD, senior vice president for Research and Technology and a member of the Strategic Planning task force on research. "We may need to consider, for example, whether it might be more appropriate for the hospital to let a particular research area stand alone, or whether that area would be better consolidated with another, similar research program." The hospital is developing criteria that will guide the decision-making process for requests for space. Its Executive Committee on Research (ECOR) is the essential management body to act on these issues.

Another major concern examined by the strategic plan is that of finding appropriate funding for a given research program. "With government funding clearly limited and with more and more competition for these funds, the hospital will look even harder at less traditional funding sources, such as private industry or specific fund-raising projects, to supplement support for the programs that we feel are integral to our mission," says Newbower. "The MGH has had great success in the past in these funding areas."

The strategic planning process is ongoing, and other research-related recommendations based on the strategic plan are being assessed for implementation. These include establishing a new center that will integrate multiple disciplines into one unit in an effort to connect related research; developing a method and process for ECOR to measure a particular program's success; and establishing clinical and basic research training programs as a way of recruiting and retaining first-class scientists and researchers.

Details on the strategic plan will be made available in various forums, including *Hotline,* during the coming weeks and months. ●

MGH HOTLINE

— Managing managed care

(Continued from Page 1)

information management. In summarizing fiscal 1995 financial results, Heffernan noted that despite higher expenses and challenging industry conditions, the MGPO earned a net income of $215,000 in fiscal 1995, its first full year of operations. "An unprecedented 25 of the 30 MGPO services ended fiscal 1995 ahead of budget," he said.

Flexible and responsive financial systems that deliver value to physicians and patients alike also are important to the MGPO's success. To this end, H[illegible]nan reported on the progress of an MGPO financial and information resources team that is evaluating the software tools currently used by the MGPO practices.

"The MGPO is working on a process for integrating the systems currently in place into a suite of applications that will support modern business practices, such as managed care, while meeting the clinical requirements of every MGPO practice," Heffernan said. "The ultimate goal is a system that provides cross-practice financial, managed care and patient information in a way that benefits both physicians and patients."

The Specialty Care Development program, run by John Stakes, MD, under the sponsorship of the MGPO, also exami[illegible]ow the MGH's business a[illegible]ach affects its physician and patient relationships. Stakes will create programs to support and expand specialty care at the MGH and reach out to referring physicians to build and facilitate referral relationships and improve the hospital's responsiveness to referring physicians.

"We now are in an environment in which our attentiveness to the referring physician community is vital to our success," Stakes said. "In the absence of specific outreach and responsiveness initiatives aimed at rapid, accurate communications, we run the risk that referring physicians will send their patients elsewhere." The MGPO will support Stakes in implementing initiatives such as a same-day patient discharge letter for referring physicians, electronic links to community physicians, improvements to the hospital's 6-2000 main telephone line, a consolidated MGH paging system and a referring physician database.

In addition to Heffernan and Stakes, the meeting featured W. Gerald Austen, MD, MGPO chief executive officer and surgeon-in-chief, who delivered opening remarks; James Richter, MD, MGPO medical director, who discussed Blue Care 65; and Jean Elrick, MD, a program leader for Operations Improvement, who provided an update on OI.

The audience also heard impromptu comments from James J. Mongan, MD, who joined the hospital as president and chief operating officer March 18. ●

Primary school reunion

More than 50 graduates and faculty members of the MGH Primary Care Internal Medicine Training Program gathered at the hospital March 16 to celebrate the 20th anniversary of the program's first graduating class and honor the program's founders. Started in 1973 by John Stoeckle, MD, of the Department of Medicine, *above,* and Alexander Leaf, MD, former chief of the Department of Medicine, the program has prepared nearly 100 primary care physicians for practice. Appropriately, the focus of the daylong event was primary care educational updates, with working sessions and presentations during the day followed by a dinnertime lecture presented by Stoeckle, "What is the Central Function of Primary Care?"

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MGH HOTLINE

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WHAT'S HAPPENING

Shuttle operations
The MGH Transportation Service is alerting shuttle passengers that delays in operations may be inevitable because of large construction projects in the North Station area. The projects are expected to last at least six months. Call 6-2250 for information.

Friends of the Cancer Center accepting grant applications
The Friends of the MGH Cancer Center organization is inviting all interested caregivers to submit funding requests for projects or equipment that will improve service to cancer patients and/or their families. The Friends are particularly interested in requests that improve the amenities of patient care, as well as patient education and family support. Funds may be used for printing or for educational items for oncology nursing or social service. Submit requests in a one- to two-page letter, including an itemization of the costs, to the Friends of the MGH Cancer Center, COX-231 by April 26. Requests will be voted on in May. For information, call Margaret Plum or Jensie Shipley at 6-1063.

Time management
Does the clock seem to move too fast? Is there not enough time for work, other responsibilities and fun? Join the Employee Assistance Program for the next in a series on balancing the demands of work, family and life at a time management seminar April 10, noon to 1 pm, Burr Conference Room 4. For more information, call 6-6976.

Holy Week and Passover
The MGH Chaplaincy will offer the following in observance of Holy Week and Passover: April 1 through April 3, Prayer Service 12:15 pm, Catholic Mass 4 pm; Holy Thursday, April 4, Prayer Service 12:15 pm, Catholic Mass 4 pm; Good Friday, April 5, Prayer Service 12:15 pm, Catholic Mass 4 pm; Holy Saturday, April 6, Easter Vigil Catholic Mass 7 pm (There will not be a 4 pm mass on Holy Saturday.) Easter Sunday, April 7, Protestant Service 11 am, Catholic Mass 4 pm. Passover video presentations will be broadcast on MGH-TV Channel 16 at 5 pm, April 2 through April 4. Regularly scheduled Friday Muslim prayers will be held as usual at 1 pm April 5.

The MGH at the Y wish list
The new temporary housing space for patients and their families at the YMCA in the Charlestown Navy Yard has issued a wish list to make guests more comfortable. The facility, which opened earlier this month, needs cribs, wheelchairs, bookcases, a card table and chairs, classical CDs, lamps and shades, toys, puzzles, wall hangings and dishes. Those who want to help can call Margo Jackson at 4-2027.

Boston's Baby Faire
For the first time, the MGH will participate in Boston's annual Baby Faire, March 30 and 31 at the Bayside Exposition Center. Representatives from Obstetrics, Primary Care, Pediatrics, Nursing, Anesthesia, Home Visitation and Family Education will staff the MGH booth and provide information, health screenings and activities to parents and children. The fair will run Saturday and Sunday, from 10 am to 6 pm. Admission is free for children and $7 for adults. For more information call Karen Eschenbach at 6-5065 or Honor Hawkins at 4-9014.

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McLean board approves land-use plan

THE MCLEAN HOSPITAL Board of Trustees last week approved a resolution to prepare a plan for using the largely undeveloped property outside the hospital's central core campus.

Like many other hospitals, McLean has implemented a number of initiatives in recent years to reduce costs and restructure services. As part of those ongoing efforts, the hospital has been consolidating patient services into the center of its 242-acre campus, vacating buildings on the outer edge of the property.

"The goal of 'coring' the campus has been to promote greater efficiency for patients and staff while allowing the hospital to consider other revenue-generating uses for its surplus property," says Steven Mirin, MD, chief executive officer/psychiatrist-in-chief at McLean. "A land-use plan will provide the opportunity to create new revenue that will help support our clinical care, teaching and research missions."

For the past year, McLean has been involved in a comprehensive process to develop plans for supporting the hospital's clinical care, teaching and research missions in a rapidly changing health care environment. In January of this year, subcommittees of clinicians, researchers, administrators and trustees were formed to examine these issues and to make recommendations for better ways to use the hospital's campus, develop new revenue streams and reduce overhead. The subcommittees will present their findings to the McLean Board of Trustees at an upcoming meeting.

Additional information about McLean's planning process will be included in future issues of *Hotline*.

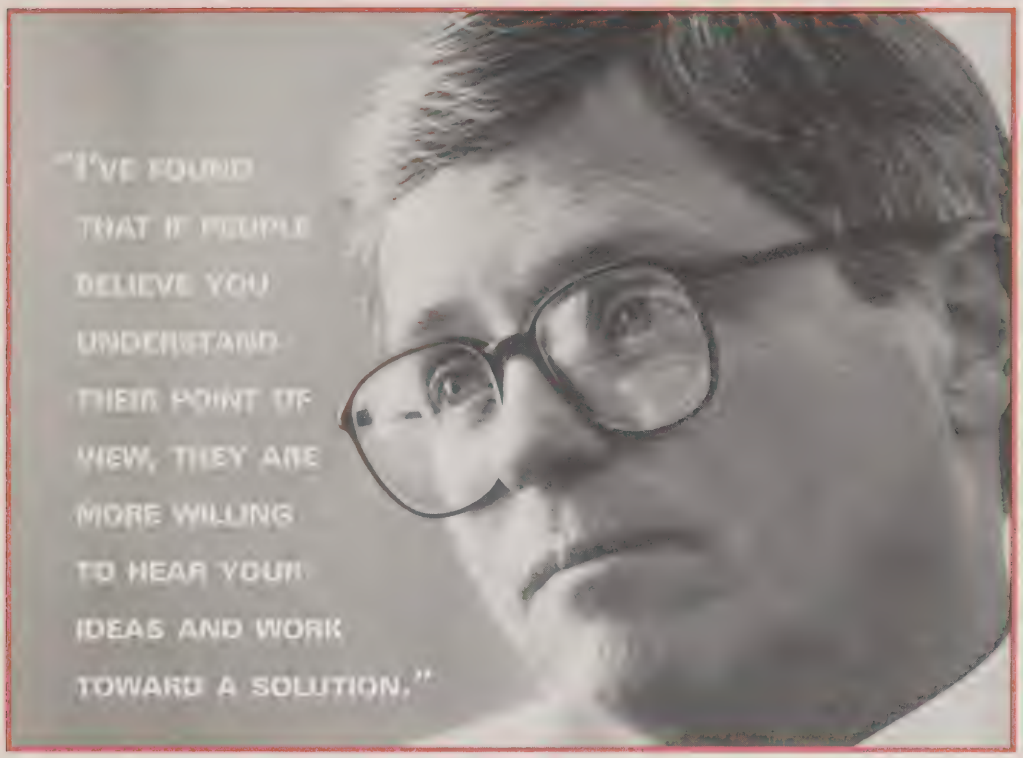
White 1 stairway to close

As part of the ground floor renovation project, the stairway on White 1 directly behind the White Lobby Information Desk and leading to the White Basement will be permanently closed Sunday, March 31. The stairs will be removed and the stairwell will be modified to become part of the new corridor.

April 5, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL



James J. Mongan, MD

A look at a leader

EVER SINCE the hospital announced that James J. Mongan, MD, would be its new president and chief operating officer, employees and staff have put out feelers to find out more about the man who would lead the MGH. Those who have worked with Mongan describe him as "down-to-earth" and a "hard worker." A former classmate says that Mongan is a "wonderful, intelligent man without pretensions." A Washington insider refers to Mongan as one of the most influential physicians in national health care policy.

While some were intent on finding out what the real Mongan was like, others were trying to decipher exactly what he would do at the MGH. Mongan, who will lead the MGH's day-to-day operations and set institutional strategy, is quick to point out that, "After only a few weeks at the MGH, I wouldn't suggest that I know what should change and what should remain the same at the hospital, but I hope that being a newcomer will allow me to ask some new questions."

Since his arrival, Mongan has been asking lots of questions and listening even more in one-on-one meetings with service chiefs and hospital leaders and at a series of informal luncheons for department heads and administrative directors.

Described by Samuel O. Thier, MD, president of The Massachusetts General Hospital corporation and Partners HealthCare System, as a "consensus builder," Mongan says that he builds consensus by actively listening to people.

"I try to understand people by listening carefully, then playing back what they say," says Mongan. "I like to work with people to methodically deal with options and find the kind of solutions that meet all parties' needs. The process can take time and effort, but I've found that if people believe you understand their point of view, they are more willing to hear your ideas and work toward a solution."

(Continued on Page 4)

Clinical Research Program announced

PLANS ARE underway to establish a new Clinical Research Program (CRP) at the MGH. The program is designed to facilitate efforts to translate ongoing work in the laboratory into applications that benefit patients. While the MGH already boasts a number of excellent clinical research projects, this new academic and service program is charged with encouraging the growth of clinical research across the institution.

The program, which was approved by the MGH Board of Trustees March 15, will focus on four key areas: enhancing translational = hypothesis-driven or bench-

(Continued on Page 2)

Turn to page 3 for an update on Partners affiliation with North Shore Medical Center.

Be clockwise

Daylight-saving time kicks in at 2 am Sunday, April 7. Remember to turn your alarm clock ahead one hour.

Linear perspective

AT THE VERY START of Workplace 2000, a diversity forum held in the auditorium on Blake 1, diversity consultant Rosalyn Taylor O'Neale, *left,* had participants scrambling to find their place — according to years of service — in a lineup of the almost 130 MGHers attending. The exercise illustrated the increasing diversity of the MGH work force over time. It also was designed to relax audience members and prepare them to participate in the diversity discussions that followed throughout the day. According to Deborah Washington, RN, director of the Patient Care Services Diversity Program, the March 22 event also marked the beginning of the Patient Care Services Diversity Steering Committee's 1996 program. The committee's goals include increasing interest in and access to the MGH among students and potential employees from diverse backgrounds, supporting the career development of all employees, presenting diversity education and development forums and communicating Patient Care Services' commitment to diversity.

— *Clinical Research Program announced*

(Continued from Page 1)

to-bedside — research, training investigators, generating increased revenue from clinical trials and coordinating MGH's efforts with those of BWH and Harvard Medical School.

"Advancing patient care through research is fundamental to the MGH mission," says Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners HealthCare System. "The MGH is home to one of our country's premier basic science research programs — making important medical discoveries at the cellular and molecular levels. Building upon that strength, we will encourage the translation of these and future basic research findings into improved patient care."

According to William Crowley, MD, CRP director: "Creation of the CRP can help to restore the traditions brought to the MGH 67 years ago by Fuller Albright, MD, a principal architect of translational research. By merging astute clinical observation with sound scientific hypotheses, he was able to forge a critical link between patient care and scientific investigation. The MGH traditionally has been a leader in this arena, and the timeliness of the MGH's investment in the CRP continues that tradition."

When fully operational the CRP will have four divisions, each designed to make it easier for investigators to conduct clinical research at the MGH. The Clinical Research Support Office, directed by Richard Polisson, MD, of the Arthritis Unit, will build upon the work of Greg Koski, MD, of Research Affairs, to assist new investigators with study design and start-up. A Clinical Trials Unit, directed by Daniel Singer, MD, of Internal Medical Associates, will develop and support matches between investigators' interests and industrial sponsors and will provide space and advice for conducting trials. An Education Unit, directed by Lee Kaplan, MD, PhD, of the Gastrointestinal Unit, will help expand the pool of trained, active investigators by offering a variety of educational opportunities. An Information Management Unit, directed by Henry Chueh, MD, of the Laboratory of Computer Science, will provide a network of information services and software resources to MGH clinical investigators and their industrial partners.

The work of the CRP will be guided by a newly formed Clinical Research Council that will included CRP faculty and representatives from the General Clinical Research Center, Research Affairs, the Subcommittee on Human Studies, the Office of Technology Assessment and the Barbara and Melvin Nessel Gene Therapy Center.

MGH HOTLINE

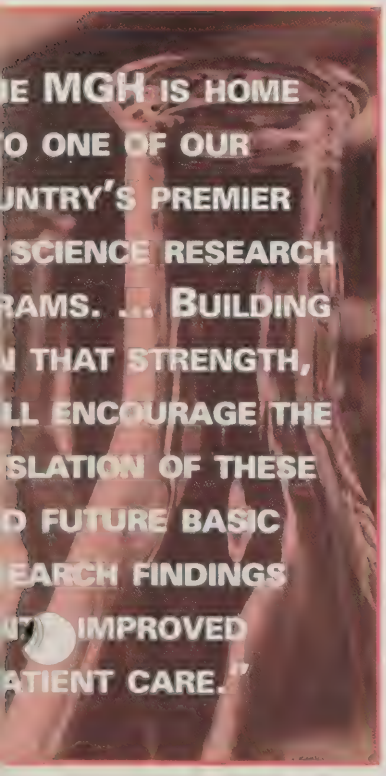
McLean Hospital Board of Trustees votes to maintain Belmont location

The McLean Hospital Board of Trustees on Wednesday announced a decision to maintain a significant clinical care, research and teaching presence at the hospital's Belmont campus. The board also endorsed concentrating all hospital activities at the core of the 242-acre campus, making surplus land available for other uses.

In addition, McLean trustees proposed initiation of a strategic planning process, under the aegis of Partners HealthCare System, to coordinate the mental health care components of all Partners affiliates — including McLean, the MGH, BWH, Spaulding Rehabilitation Hospital and Partners Community HealthCare, Inc. — into a comprehensive system of care.

The decisions come out of a long-range planning process launched a year ago to develop plans supporting McLean's clinical care, teaching and research missions in a rapidly changing health care environment. Earlier this year, subcommittees of McLean clinicians, researchers, administrators and trustees were formed to examine these issues and recommend better ways to use the hospital's campus, develop new revenue streams and reduce overhead. The subcommittees' reports formed the foundation for the board's recommendations.

The board's actions will be presented for formal endorsement to the boards of The Massachusetts General Hospital and Partners HealthCare System later in April and May. ●



In 1994, the MGH Task Force on Clinical Research reported that academic medical centers such as the MGH face a shortage of translational research personnel. With relatively few individuals focused on turning basic scientific discoveries into treatment improvements, these institutions risk losing support for biomedical research.

Strategically, the group determined that a strong clinical research program would link the MGH's investment in basic science research more directly to the hospital's core mission. And, within a competitive managed care environment, the MGH would be more appealing to patients and provider groups if regarded as a premier site for clinical research.

Crowley emphasizes that the CRP will help build a culture conducive to clinical investigation not by performing clinical research itself, but rather by serving as a resource to catalyze new efforts. These will arise from the institution's individual departments, centers and laboratories, which are the traditional sources of innovation within the MGH.

For more information about the CRP, contact Connie Stubbs, director of CRP Administration and Finance, at 6-5520. ●

Partners Progress

North Shore affiliation moves forward

The affiliation of The North Shore Medical Center and Partners HealthCare System has been approved by the Antitrust Division of the Massachusetts Attorney General's Office and the Department of Public Health. Last fall, The North Shore Medical Center and Partners signed a memorandum of understanding leading to the corporate affiliation of the two entities.

Under the new corporate structure, The North Shore Medical Center will share common governance by Partners with The Massachusetts General Hospital and The Brigham Medical Center. As the sole corporate member of The North Shore Medical Center, Partners will possess the same reserved powers it currently has as the sole corporate member of The Brigham Medical Center and The Massachusetts General Hospital.

"The North Shore Medical Center is a leading provider of community-based health care services," says Samuel O. Thier, MD, president of Partners. "Together we will have an opportunity to develop a regional health care system that will further strengthen the quality and cost-effectiveness of health care available in Eastern Massachusetts."

Says H. Richard Nesson, MD, CEO of Partners, "We are delighted to be welcoming a third 'partner' to Partners HealthCare System." ●

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MGH HOTLINE

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WHAT'S HAPPENING

CF marathon team T-shirts
Once again a group of MGH cystic fibrosis patients and their supporters will participate in the Boston Marathon, April 15. T-shirts commemorating the team's fourth year are on sale outside the MGH General Store and Flower Shop April 9 through 12, from 10 am to 2 pm. Proceeds will go to the MGH Cystic Fibrosis Clinic.

Working to cure von Hippel-Lindau disease
The MGH and the VHL Family Alliance will sponsor "Working for a cure for von Hippel-Lindau disease" April 14, between 2:30 and 4:30 pm. Explaining advances in clinical care and research will be the MGH's Robert Ojemann, MD, of Neurosurgery; Francis McGovern, MD, of Urology; and Diana Griffith, PhD, of the Renal Unit. For information or to reserve a spot, call Melissa Franks by April 9 at 4-6438.

Vascular nursing education
MGH Vascular Nursing will present "Sophistication and Sensitivity in Vascular Nursing," May 21, from 8 am to 4 pm in the auditorium on Blake 1. The cost is $50 for all Partners employees. Attendees will qualify for 6.4 contact hours. For information or to register, call Virginia Capasso RN, MS, at 6-3836, beeper 5650.

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is published weekly by the MGH Development and Public Affairs Office.

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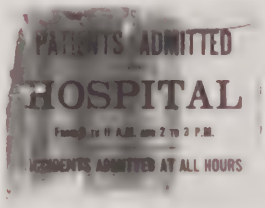
Admitting celebrates National Healthcare Access Personnel Week

SINCE ITS DOORS OPENED in 1821, the hospital has had an Admitting Office. This week, the 185-year-old Admitting Service looks to its past in celebration of National Healthcare Access Personnel Week.

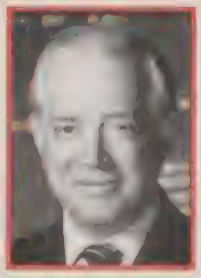
The 19th century patient admissions card below indicates how much things have changed over the years — and how much they have remained the same. Elective surgery patients were admitted within a time frame of only three hours each weekday, while emergency patients were admitted around the clock. Today, all patients can be admitted seven days a week.



Admitting Services also serves as a barometer of how medical treatments have progressed over the years. The first patient admitted in 1821 stayed for more than three months for treatment of an infection that today can be treated with a single shot of antibiotics. ●

IN THE NEWS

Tonight's "20-20" program, seen locally on ABC-TV's WCVB-TV Channel 5 at 10 pm, is scheduled to air a segment on co-anchor Hugh Downs' recent bilateral knee surgery performed at the MGH. Several MGH staff members, including Murali Jasty, MD, and William Harris, MD, of Orthopædic Surgery, as well as Nursing and Physical Therapy employees and staff members in the operating rooms and on Phillips House 21, are featured.



— A look at a leader

(Continued from Page 1)

Although he emphasizes the importance of listening and learning about the MGH, Mongan is clear about his own goals. Among the relationships that will prove central to his success, Mongan says, are strong alliances with Thier and W. Gerald Austen, MD, MGH surgeon-in-chief and CEO of the Massachusetts General Physicians Organization (MGPO).

Among his four initial priorities, Mongan cites increasing and enhancing teamwork between the hospital and the MGPO. Such teamwork, Mongan explains, will be crucial as the hospital deals with payors who increasingly request a single rate for all hospital expenses. "To effectively deal with payors," Mongan says, "hospital administrators and physicians will need to agree on rates and how to split payments fairly."

Another priority, says Mongan, will be continuing the efforts initiated through Operations Improvement to make the MGH more efficient and effective. "I've been impressed by the extent and breadth of work already accomplished by the Operations Improvement teams," he says. "And I think the MGH is well ahead of many other hospitals in the process of improving efficiency."

A third priority will be to help turn the concepts on which Partners was founded — to gain efficiencies and economies of scale while maintaining the strengths of the individual institutions — into realities through close collaboration and cooperation with other Partners organizations. Another priority will be to continue the emphasis on making the hospital more patient-friendly.

Mongan, who has spent the past 15 years at Truman Medical Center/University of Missouri-Kansas City School of Medicine, acknowledges he had been recruited for other positions. One of those offers came from President Clinton to serve as assistant secretary of Health and Human Services. Mongan says that he could say no to the White House but not to the MGH. He says he is delighted to be in New England because his daughter and son are both attending colleges in the region, and adds that "when an institution like the MGH calls, it is hard to ignore the phone." ●

April 12, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

A wedding at the MGH

USUALLY a wedding brings to mind formal dress and a grand reception, but not for Charles and Gail Richardson. Charles suffered a heart attack in the early morning hours March 31 — his wedding day — and was rushed to the MGH Emergency Department. Thanks to many MGHers, especially staff on Ellison 8, the couple's wedding plans went ahead, though not quite as expected. Charles is now recovering from a cardiac bypass procedure he underwent two days after the wedding.

Gail Weissman to assume Partners post

GAIL KUHN WEISSMAN, RN, EdD, senior vice president for Patient Care Services and chief nurse executive, will move from her day-to-day responsibilities at the MGH to assume a role at Partners HealthCare System. Her new assignment will involve advising Partners leadership about strategic issues related to nursing and other health care professions.

"Gail brings a valuable nursing perspective and voice to the many initiatives under way as Partners continues to develop its health care delivery network," says Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners. "Her counsel and insight on such issues as patient-focused care models and nurse staffing will play an important role in shaping the direction we go and decisions we make."

Weissman will move into her new position in the next few weeks and will report to Thomas Glynn, who joins Partners April 15 as chief operating officer.

James J. Mongan, MD, president and chief operating officer of the MGH, has asked Jeanette Ives Erickson, RN, MS, who currently serves as deputy chief nurse executive, to assume the role of interim senior vice president for Patient Care Services as he decides how to fill this position on a permanent basis. ●

Layoffs necessary to help offset operating losses

IN LATE FEBRUARY, MGH employees and staff learned that the hospital needed to eliminate 418 positions to reduce a significant operating deficit projected for fiscal year 1996 *(Hotline, March 1)*. Since then, a strategy has been developed for how such downsizing would occur. And on Wednesday, the General Executive Committee approved a plan that accomplishes this reduction by eliminating the majority of positions through attrition and laying off 70 people by Sept. 30, the end of the hospital's fiscal year.

Those employees directly affected by the layoff, who were informed by their supervisors this week, for the most part occupy management and administrative support positions and are not in direct patient care roles, according to Jeff Davis, senior vice president for Human Resources and Continuous Improvement. "These challenging times demand that we think creatively about where and how we can reshape what we do to become more efficient while maintaining high-quality care for the patients we serve," he says. "Our goal is to downsize sensitively and sensibly, using vacancies whenever possible to minimize layoffs."

But any layoff — large or small — is difficult, Davis says. The hospital is committed to being as supportive as possible in helping employees who have been laid off, he adds. Last year, Partners HealthCare System instituted a severance policy for its member institutions that provides pay continuance and outplacement assistance to those affected.

The number of positions at the hospital is largely driven by

(Continued on Page 2)

Partners, North Shore Medical Center affiliation finalized

WITH ALL NECESSARY state and federal regulatory approvals in hand, this week leaders from Partners HealthCare System and The North Shore Medical Center executed the final corporate affiliation agreement between the organizations. The official process toward the affiliation began last September with the signing of a memorandum of understanding. Under the new corporate structure, The North Shore Medical Center will share common governance by Partners with the MGH and BWH. The new relationship builds upon the clinical partnerships that have developed between physicians from North Shore and those from Partners' founding hospitals and is an important step as Partners moves into the future.

Preparing the medical leaders of tomorrow

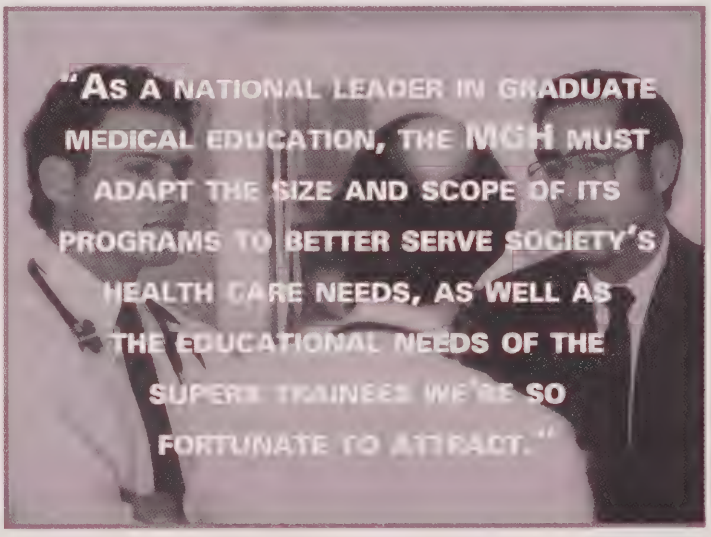
ONE OF THE MOST direct ways hospitals like the MGH address the health care needs of the future is by training resident physicians and fellows. The attitudes, skills and experiences young physicians acquire during their crucial training years shape how they practice medicine throughout their careers. And to adequately prepare trainees for the challenges they will face, teaching hospitals must offer programs designed for the world their graduates will enter.

Strategic MGH Planning

Addressing education in the MGH's strategic plan, the Strategic Planning Graduate Medical Education (GME) Task Force focused on shifting patterns of medical practice and the anticipated needs of the 21st century. The plan outlines a mission statement, goals, values and guiding principles that maintain the hospital's traditional emphasis on leadership and excellence while placing greater attention on cooperation among all hospital services and disciplines and on responsiveness to local and national health care needs.

A key strategic goal is the "right-sizing" of training programs, largely based on the national need for physicians in individual specialties. Isaac Schiff, MD, chief of the MGH/Vincent Memorial Obstetrics and Gynecology Service and co-chair of the Strategic Planning GME Task Force, explains that the concept of limiting the type and size of training programs represents a major change for the MGH.

"In the past there was no need to justify offering a particular teaching program," he says. "The focus was on growth and the building of programs; no one asked whether our patients, the institution or the health care system in general needed more physicians in a particular specialty. Today we not only have an obligation to the hospital and to Partners to keep our costs down, we also have an obligation to prepare our trainees for jobs that will exist when they finish their training."


"AS A NATIONAL LEADER IN GRADUATE MEDICAL EDUCATION, THE MGH MUST ADAPT THE SIZE AND SCOPE OF ITS PROGRAMS TO BETTER SERVE SOCIETY'S HEALTH CARE NEEDS, AS WELL AS THE EDUCATIONAL NEEDS OF THE SUPERB TRAINEES WE'RE SO FORTUNATE TO ATTRACT."

The downsizing effort that began with a 5 percent reduction in the resident group entering last summer will be augmented by additional resident and fellow reductions totaling 20 percent over the coming four to six years. Schiff notes: "A significant change for many MGH physicians has been realizing that downsizing a program is not a sign of weakness or poor quality. A program may be one of the best in the country, but if its specialty field is overpopulated, reductions will be necessary."

Other goals established by the strategic plan include evaluating opportunities for integration with other Partners HealthCare System training programs, regularly reviewing the resources devoted to training Harvard medical students, clarifying teaching incentives and the commitment to teaching for faculty members, and establishing budgetary and management responsibility in the Executive Committee on Training and Education. Also addressed are establishing or expanding training for nonphysician caregivers, primarily through the Institute of Health Professions; focusing the activities of trainees on their educational needs, rather than the service needs of the hospital; and developing innovative approaches to clinical education.

Debra Weinstein, MD, MGH director of Graduate Medical Education and task force co-[illegible], says: "As a national leader in graduate medical education, the MGH must adapt the size and scope of its programs to better serve society's health care needs, as well as the educational needs of the superb trainees we're so fortunate to attract. Enhanced coordination and collaboration across our training programs and with BWH programs should help ensure reaching these goals." ●

— *Layoffs necessary to help offset o*

(Continued from Page 1)

patient volume, which has declined in recent years, Davis says. In December, the hospital had 6,400 full-time equivalent positions (FTEs), which at that time was 100 FTEs over budget. (One FTE represents 40 hours of paid time, which can be straight full- or part-time hours, temporary hours or overtime.)

"Because of the continuing decrease in volume and the number of FTEs in our organization, we recognized that we were heading down a path that would lead to a larger deficit," Davis says. "In January [illegible] instituted a hiring review process, and from January through March we were able to eliminate 200 FTEs by leaving certain positions unfilled."

Under the recently approved plan, the total reduction will be 420 FTEs. Of this total, 260 FTEs will be eliminated through attrition,

MGH honored for marketing and design

THE MGH has received several new honors, including first place for its regional marketing campaign and two design and architectural awards. The awards were presented at meetings held last month in the Boston area.

The hospital's primary care advertising campaign, "MGH. Here for life." took first place honors in the in-house creative print category at the Lamplighter Awards, presented annually by the New England Society for Health Care Communication. The campaign, developed by the MGH Marketing Department, features photographs that capture many facets of MGH's primary care services, including prenatal and obstetric care, pediatrics, adult medicine and geriatrics. The ads have appeared regionally in newspapers and magazines.

At last month's New England Healthcare Assembly meeting, The MGH•Revere HealthCare Center and the Rehabilitation Hospital of the Cape and Islands, which is managed by Spaulding Rehabilitation Hospital, were honored for facility design.

The architects and interior designers for the Revere facility were cited for their "sensitivity to the neighborhood and to the users of [the] facility, a sensitivity that [includes] multilingual signage … [and] recognition that many users will be dependent upon public transportation." Similarly, the Sandwich-based Cape and Islands facility architects were hailed for their decision to build a hospital that incorporated a "Cape-inspired design … that reflect[s] the scale and character of the Cape." Staff at the MGH Planning Office and representatives from Spaulding Rehabilitation Hospital coordinated the design of the two facilities. ●

Clockwise from top left: one of the advertisements from the MGH's primary care campaign; The MGH•Revere HealthCare Center; an artist's rendering of the Rehabilitation Hospital of the Cape and Islands.

rating losses

and 70 FTEs will be reduced through layoffs. In addition, 20 FTEs will be reduced through decreased overtime, and 70 FTEs through reduction in temporary use.

Peter Markell, interim chief financial officer, says that as of the end of the first quarter (Dec. 31, 1995), the hospital was projecting a deficit of more than $40 million for fiscal year 1996, and immediate significant steps were necessary. "Health care is a labor-intensive industry; we had to look at eliminating positions as part of the process. While we were able to minimize layoffs, unfortunately we could not avoid them altogether," Markell says. "These position reductions, along with ongoing efforts such as the hiring review, bed closings, reducing overtime and temp help, and implementing recommendations from the Operations Improvement initiative, will help bring our projected deficit down to around $15 million."

Markell says that although the MGH is expected to end the year with a deficit from its core operations — patient care, teaching and research — income from investments and other revenue streams will offset this deficit and enable the MGH to end the fiscal year with a surplus.

"We have the benefit of a sound investment portfolio," he says. "Nonetheless, we have an obligation to our institution to be fiscally responsible. What we are seeing is not simply a one-year loss; it is a trend that began several years ago. We expect to see even more pressures on our revenues as the incentive to treat patients in a nonhospital setting continues and as payors react to market forces and further reduce payment for services provided. We have to address this trend responsibly to ensure that we can offer our patients the same high quality of care and access to services in the years to come." ●

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MGH HOTLINE

WHAT'S HAPPENING

Transportation alert
There will be no MGH-Prudential Center-BWH shuttle or mail and cargo service "Marathon Monday," April 15, Patriot's Day. BWH will be operating on a holiday schedule, and there will be traffic restrictions throughout the city. To arrange for stat/emergency lab specimen transport call 6-2250. Also, the North End Health Center will be closed on the 15th, so there will be no service to that site. Transportation Services advise that unusually high traffic loads are expected throughout the city, and travelers should plan for delays. Questions may be directed to Transportation Services at 6-2250.

Secretaries Week
To celebrate National Secretaries Week, secretarial and support staff are invited to a buffet luncheon April 24 from 11:30 am to 2 pm in the Trustees Room and Claflin Library on the second floor of the Bulfinch Building.

Medical Laboratory Week
To mark National Medical Laboratory Week, the Chemistry Laboratory and Laboratory Support Services are offering MGH and MEEI employees free cholesterol screenings April 18, 7 am to 3:30 pm, in the Warren Lobby. Also, lab staff encourage all employees to donate blood and receive free parking.

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Laser skin resurfacing
Joop Grevelink, MD, of the MGH Dermatology Laser Center, will present a seminar for physicians and hospital employees on laser skin resurfacing for wrinkles and acne scars April 23, from noon to 1 pm, in the auditorium on Blake 1. For more information, call 4-6960.

Funding for pediatric patients
A program for Partners HealthCare System pediatric care providers entitled "Accessing Public Funding for Children with Special Health Care Needs" will be held May 1, from 8 am to 1:15 pm at Spaulding Rehabilitation Hospital. The program, sponsored by Spaulding Rehabilitation Hospital and the Massachusetts Department of Public Health, is free, but registration is required. For more information call 720-6992.

Running for a reason

Cardiac life support
The "Beyond Advanced Cardiac Life Support" workshop for nurses, paramedics and physicians will be held April 16, from 8 am to 4 pm in the auditorium on Blake 1. To register call Ines McGillivray, RN, at 4-4100.

Bone marrow donor drive
The Bone Marrow Transplant program will hold a donor drive April 22, 7:30 am to 1 pm in the Blood Bank. All employees, especially minorities, are encouraged to be tested. For information call Cyndi Campbell at 4-1127.

GLBA
The next meeting of the Gay, Lesbian, Bisexual Alliance will be April 19 at noon in Bartlett Hall Extension, third floor.

IN GENERAL

W. Gerald Austen, MD, MGH surgeon-in-chief and CEO of the Massachusetts General Physicans Organization, was named chairman of one of the nation's largest philanthropic foundations in March. With assets of upwards of $1 billion, the John S. and James L. Knight Foundation makes grants to enhance the quality of life in the 26 communities where the Knight brothers developed their newspapers and has national programs in journalism, education, and arts and culture.

Austen, who became a trustee of the foundation in 1987 and vice chairman in 1991, will be the foundation's fourth chairman since it was established in 1950 by newspaper publishers John and James Knight.

"I had tremendous respect for the Knight brothers, both personally and professionally," says Austen, who was physician to John and James Knight. "I am honored to have the opportunity to carry on the distinctive philanthropic commitment they demonstrated by establishing the Knight Foundation."

Says Lee Hills, outgoing chairman, Pulitzer Prize-winning journalist and former CEO of Knight-Ridder Newspapers, "Dr. Austen is an extraordinarily gifted leader, and I look forward to what I know will be an exciting and productive future under his direction."

April 19, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Helping communities help themselves

IN A PACKED ROOM at the Chelsea Senior Center, 120 city residents, community leaders and health care professionals gathered last month to speak out about health issues affecting their community. When participants voiced their opinions, an audible buzz filled the room as interpreters located throughout the standing-room-only crowd translated comments and ideas into languages commonly spoken in Chelsea: Bosnian, Khmer, Spanish and Vietnamese. The meeting was one in a series hosted by the MGH Community Benefit Program to help bring the hospital and the people it serves together to improve the health status of underserved populations.

As part of the Community Benefit Program, the MGH is serving as a catalyst for community leaders to meet, identify health issues affecting their communities and work to develop programs to address such health issues. The process is part of a multi-year commitment the MGH has made to improving the health status of residents of Charlestown, Chelsea and Revere.

Attendees left the Chelsea meeting with a list of nearly a dozen health-related issues of concern to participants. In subsequent gatherings, Chelsea leaders chose to focus on youth issues; specifics will be outlined at future meetings. Through similar gatherings in recent months, members of the Revere and Charlestown communities already had selected substance abuse as the focus of community attention.

"The goal is to ascertain which issues the people who live and work in these communities consider most pressing and then to develop programs that can address these issues in a way that will give us measurable results," says Joan Quinlan, who has directed the MGH Community Benefit Program since last summer.

The MGH's commitment to community

(Continued on Page 4)

Laying out the future for clinical labs

Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

FIVE OF THE HOSPITAL'S eight specialty clinical labs will consolidate with the Chemistry Lab in the coming months as part of Operations Improvement. The Acute Care, Thyroid Endocrine, Reproductive Endocrine, Specialty Lipid, and part of the Clinical Immunology laboratories will join the Chemistry Lab on Gray 5 as part of a larger plan intended to make the hospital's clinical laboratories more efficient.

An OI Clinical Support Services Design Team, which has focused on clinical laboratories, blood transfusion services, microbiology and anatomic pathology, recommended the consolidation in a plan submitted to the Steering Committee in January and approved for implementation last month.

Kent Lewandrowski, MD, assistant director of MGH Clinical Laboratories and leader of the design team, says: "Right now the clinical labs are decentralized over the campus. By consolidating the space and management of some of the smaller specialty labs with the Clinical Chemistry Lab, we

(Continued on Page 2)

Partners pow wow

The second annual meeting of the Partners HealthCare System Board of Trustees and Corporation Members was held Tuesday. Approximately 200 attendees heard presentations on the progress of Partners over the past two years and welcomed Partner's new corporate affiliate The North Shore Medical Center. The event also provided an opportunity to introduce James J. Mongan, MD, MGH's new president and chief operating officer, to the Partners community. *Turn to Page [illegible] for a message from Partners leadership.*

— Clinical labs

(Continued from Page 1)

expect to save more than $1 million annually while significantly improving service."

Additional changes will affect all clinical laboratories and those employees and staff who rely on their services. All clinical labs will tie into a single information system, a move that will help coordinate information. Currently five separate laboratory information systems are used. Some low-volume tests that are not economical to perform within the MGH will be contracted out to external commercial laboratories. And these tests will be performed by a few select vendors rather than the 50 labs now servicing the MGH.

For patients, centralized processing and receiving of samples will mean less blood will be drawn and fewer separate blood tests will be necessary. Caregivers will use a single requisition form to order tests and, in turn, will receive a single laboratory report. To implement these improvements, work currently carried out by personnel in phlebotomy, transport and laboratory support services will be redesigned. Employees in these areas will handle multiple tasks instead of the more specialized roles they currently fill.

"The quality of work now done in clinical labs will improve," says Lewandrowski. "We can arrange for more convenient and efficient ways of collecting specimens and reporting results while preserving the analytical quality of the tests." ●

PARTNERS PROGRESS

When the MGH and BWH, historically competitors, officially came together in March 1994, we declared ourselves colleagues in designing a new health care system. Immediately, consolidating our institutions and building an integrated delivery system joined our traditional missions of patient care, teaching, research and community benefit.

The accomplishments of the past two years have been remarkable indeed, not only for the scope of work but also for the realization of the vision of Partners HealthCare System that was articulated two years ago. We set out not only to respond to changes in the health care marketplace, but also to get ahead of those changes, to anticipate and be ready for them and to help shape the health care world in which we would be delivering care into the next generation and beyond. We knew from the start that there was no blueprint from which we could work and hardly any models nationally for us to follow.

Two years may be viewed as either a long or short period of time, depending on your perspective. What is certain, however, is that in just two years Partners has accomplished much, including the consolidation of major administrative departments, significant cost reduction and downsizing of our inpatient capacity. We also have moved quickly in building our integrated delivery system network. Partners Community HealthCare, Inc., now includes more than 500 primary care physicians throughout Eastern Massachusetts.

Other highlights of this past year have included the culmination of our discussions with Dana-Farber Cancer Institute and the formation of our joint venture, Dana-Farber/Partners Cancer Care, announced in January 1996. And as we move into Partners' third year, we are delighted to have just received approval of The North Shore Medical Center as a Partners corporate affiliate.

H. Richard Nesson, MD, Partners chief executive officer
Samuel O. Thier, MD, president of Partners and
The Massachusetts General Hospital

Neurosurgeon H. Thomas Ballantine dies at 83

H. Thomas Ballantine, MD, who joined the MGH neurosurgical staff in 1947, died April 14. He was 83. Ballantine was a pioneer in the use of ultrasound in neurosurgery as well as in the practice of cingulotomy, a surgical technique used for treatment of certain severe psychiatric disorders. Until his death, Ballantine chaired the MGH's Cingulotomy Assessment Committee, which screens candidates for efficacy of the cingulotomy procedure. He was the former president of the Massachusetts Medical Society. A memorial service will be held April 21 at 2 pm in St. Mary's Episcopal Church in Newton.

Bone marrow donor drive

WHEN HE was first approached for bone marrow donor testing several years ago, 40-year-old Scott Harrison did not think twice about it. "One of my colleagues had a son who needed a bone marrow transplant, and the family asked that co-workers undergo testing," he says. All it took, says Harrison, was a few minutes to give enough blood to fill two small tubes. Though Harrison was not a match for that patient, he was notified 18 months later that he might match a 2½-year-old boy suffering from aplastic anemia.

Each year, thousands of people become candidates for bone marrow transplants. Unfortunately for many, a donor match often is not found in time. To increase awareness of bone marrow transplants, as well as expand the national bone marrow donor registry, the MGH is sponsoring a donor drive April 23 from 7:30 am to 1:30 pm in the Blood Bank. All employees, especially minorities, are encouraged to be tested.

Harrison underwent a minor procedure to donate his marrow, and hopes to see more people get tested. "When I was asked to donate, all I had to do was ask myself, 'What if my son needed bone marrow?' That answered the question immediately." For information call Cyndi Campbell at 4-1127. ●

CORRECTION

Last week's *Hotline* mistakenly reported that the marriage at the MGH occurred on Ellison 8. The wedding ceremony actually took place on Ellison 9.

MGH Vital Signs: Second quarter fiscal year 1996

A quarterly status report on five key performance indicators

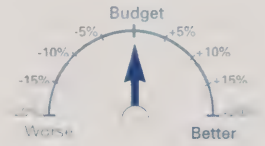
Admissions continue to be below last year's level and below budgeted expectations. Most of this downward trend can be attributed to shifts from inpatient care to the Bedded Outpatient setting. Beginning this month the MGH will track performance based on a revised budget that accounts for the shift and takes into consideration a slower-than-expected increase of patient volume in primary care practices.

Current actual:	16,737
Current budgeted:	17,784
FY'95 actual:	17,405
Patient days	114,184
Surgeries	7,989
Births	626

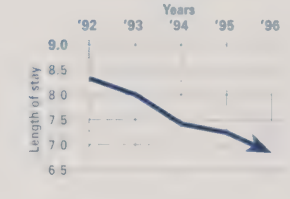
Five-year trend

Length of stay is on budget and shows a favorable trend downward from last year. Shortening a patient's time in the hospital, even by one day, can yield dramatic cost savings and hopefully improve patient satisfaction. This length of stay reduction also helps meet the goals of payors who are actively working to reduce the use of inpatient services.

	Days
Current actual:	6.82
Current budgeted:	6.83
FY'95 actual:	7.26



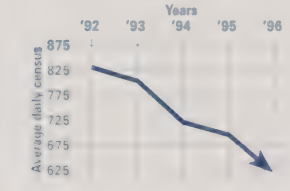
Five-year trend



Average daily census has been declining for several years as the number of admissions falls and inpatient stays shorten. The ever-declining census recently resulted in the MGH closing 65 patient beds. Reducing the number of beds in operation to more closely match the inpatient census enables the hospital to operate more efficiently and therefore at lower cost.

Current actual:	624
Current budgeted:	664
FY'95 actual:	694
Beds in service	862
Occupancy rate	72.6%

Five-year trend



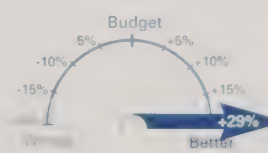
Outpatient visits, excluding Massachusetts General Physicians Organization practices, are below budget. The MGH is committed to securing its future by supporting new and growing primary care practices. However, the anticipated increase in outpatient volume and resultant flow of patients into specialty practice volume has been slower than anticipated.

Current actual:	299,438
Current budgeted:	318,425
FY'95 actual:	307,551
Surgeries	5,727
Clinic visits	175,415
Health center visits	87,743
Emergency visits	36,280

Five-year trend

Bedded Outpatients, the fastest growing patient population at the MGH, are treated with the same level of care as inpatients, but typically stay less than 24 hours. While the growth in this area is favorable, the hospital is reimbursed at half the rate it receives for comparable inpatient care. In response to changes such as this, along with a declining inpatient census and lower payment rates, the MGH has undertaken workforce-downsizing and cost-reduction efforts.

Current actual:	3,315
Current budgeted:	2,575
FY'95 actual:	1,489
Observation stays	2,294
Chemotherapy infusion	351
Routine post-procedure recovery	736



Five-quarter trend

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MGH HOTLINE

— Helping communities help themselves

(Continued from Page 1)

benefits, says Quinlan, fits with the hospital's mission and follows guidelines issued for acute-care hospitals by the state Attorney General's Office. The MGH program is part of a coordinated community benefit effort sponsored by Partners HealthCare System.

Along with the community benefit process in the three communities that are home to MGH health centers, the Community Benefit Program is tackling additional issues, such as domestic violence. A task force, chaired by Isaac Schiff, MD, chief of Obstetrics and Gynecology, is assessing the hospital's response to patients and employees who are victims of domestic violence and will issue recommendations to augment the hospital's program later this spring. According to Quinlan, recommendations are likely to include training for providers, establishing protocols, strengthening linkages to community-based programs, creating an advocate program, collecting data and incorporating questions about domestic violence into the routine medical history.

Improving access to care for underserved, uninsured and underinsured people is another priority of the Community Benefit Program, says Quinlan. Toward that goal she works on other hospital initiatives — such as supporting efforts to enhance the diversity of the work force, working with the Massachusetts General Physicians Organization to develop a free care policy and strengthening the Interpreter Service. Other ongoing program elements include the partnership with the Timilty Middle School, Camp Bunker Hill for emotionally disturbed young people, smoking cessation, efforts to assist homeless people, and newly expanded assessment, referral and treatment programs for alcohol and substance abuse.

"We have a great opportunity to develop efforts with significant scope and impact through the Community Benefit Program," says Quinlan. "A commitment at the Partners level — both in spirit and in financial backing — will support a broader range of work than had been possible in the past."

Next week the MGH will host a public forum in Revere for community members to discuss which aspect of substance abuse the group should target. For more information on the Community Benefit Program, call Quinlan at 4-2763. ●

MGH Hotline
is published weekly by the MGH Development and Public Affairs Office.

Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office, 101 Merrimac St., fourth floor.

What's happening

The gift that keeps on giving
National Organ and Tissue Donor Awareness Week will be marked this year at the MGH with an information table outside The MGH General Store and Flower Shop next week. According to Susan Humphreys, RN, MS, MGH donation coordinator, the week is a time to inform people of the tremendous need for donated organs and tissues for transplantation and of how they can express the wish to be donors. Far more people are waiting for lifesaving and life-enhancing transplants than there are donated organs and tissues; eight to ten people die every day in the United States because organs are not available.

For information about organ and tissue donation or to get a donor card, call the New England Organ Bank at (800) 446-NEOB or Humphreys at 6-9220, or stop by the information booth outside The MGH General Store and Flower Shop, April 22 to 26, from 10 am to 2 pm.

Pediatric Surgery opens Waltham referral center
The Pediatric Surgery Service has opened a new office at the Pediatric and Adolescent Referral Center in Waltham. The service offers the full spectrum of pediatric acute and nonacute surgical and urological care. The Pediatric and Adolescent Referral Center at 40 Second Ave. also includes facilities for radiology, laboratory services and ambulatory surgery. The MGH Pediatric Anesthesiology Service, led by Nishan Goudsouzian, MD, will provide the anesthesia care for children undergoing a variety of outpatient surgical procedures to be performed at the center.

"The center's flexibility in being able to deliver the finest surgical care at the most appropriate setting will be a great benefit for our patients in the western suburban area," says Patricia Donahoe, MD, chief of the Pediatric Surgery Service.

An open house with refreshments will be held at the center April 25, from 4:30 to 8:30 pm. Tours will be provided. For information, call 290-5440.

National Secretaries Week
Secretarial and support staff are invited to a buffet luncheon April 24 from 11:30 am to 2 pm in the Trustees Room and Claflin Library on the second floor of the Bulfinch Building. Staff are encouraged to attend for all or part of the luncheon.

"How to Write a Grant" postponed
The panel "How to Write a Grant," originally scheduled for April 24, has been postponed until Fall 1996. Videotapes of last year's panel are available through the Research Affairs Office at 4-2734. The panel was part of the educational series "The Ins and Outs of Academic Medicine."

Former NIMH head to speak
The former director of the National Institute of Mental Health, Frederick Goodwin, MD, will present his talk "Can Medical Innovation and Quality Survive Managed Care?" as part of the Outpatient Psychiatry Annual Series, April 26, at noon, Walcott 3.

Lou Gehrig's disease
Robert Brown Jr., MD, of the MGH, will speak about amyotrophic lateral sclerosis (ALS), Lou Gehrig's disease, at the annual "Ask the experts" conference, sponsored by the Massachusetts Chapter of the ALS Association, April 28, from 1 to 4 pm, at the Hilton at Dedham Place. Attendance is free, but advanced registration is requested. Call 245-2133.

April 26, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Strategic plan calls for patient-focused ground floor

AT THE HEART of the MGH strategic plan is the patient. The patient's well-being, comfort and convenience must come first, above all other considerations. In terms of infrastructure, this philosophy means that, from the moment patients enter the hospital to the moment they leave, they should experience a pleasant, comfortable and caring environment where they can find their way easily and where there are ample amenities and services available to meet their needs.

Strategic MGH Planning

When the current ground floor construction project was first proposed, comprehensive input was solicited from more than 200 employees and staff. The consensus was loud and clear: The MGH ground floor is a crowded, confusing, poorly designed environment that leaves many patients lost, bewildered and ill-disposed toward the hospital long before they reach their caregiver.

The ground floor construction project is primarily a correction to the environment that has evolved at the hospital.

(Continued on Page 3)

FROM THE MOMENT PATIENTS ENTER THE HOSPITAL TO THE MOMENT THEY LEAVE, THEY SHOULD EXPERIENCE A PLEASANT, COMFORTABLE AND CARING ENVIRONMENT WHERE THEY CAN FIND THEIR WAY EASILY AND WHERE THERE ARE AMPLE AMENITIES AND SERVICES AVAILABLE TO MEET THEIR NEEDS.

MGH1996 to debut next week

The first issue of *MGH1996*, a new publication for MGH supporters, will appear next week. Produced by Development and Public Affairs, *MGH1996* replaces *MGH News* and *Shaping the MGH* and will appear four times a year.

The magazine will be distributed to donors to provide information about the work, accomplishments and goals of the MGH and its affiliates.

Issues of *MGH1996* also will be available at sites throughout the MGH while supplies last. Starting Tuesday, copies may be picked up at information desks on the main campus and at the CNY security desks.

Case managers: coordinators, facilitators, negotiators

WHEN AN ELDERLY WOMAN came to the MGH Emergency Department (ED) after a fall last summer, clinicians felt torn between admitting her, which was medically unnecessary, and sending her home, which they feared might not be a safe alternative. The MGH's Case Management Program, which had just begun, leapt into action when the ED case manager arranged for the woman to be admitted to a rehabilitation hospital, where she could learn skills that would enable her to return home alone safely. By the beginning of May, case managers will cover all nonintensive care inpatient areas, the ED and Admitting. The program also is expanding into primary care practices.

THE GOAL OF THE CASE MANAGER IS TO ARRANGE FOR PATIENTS TO RECEIVE CARE IN THE BEST SETTING WHILE ENSURING THAT THE CARE IS PROVIDED AS EFFICIENTLY AS POSSIBLE.

"The goal of the case manager," says Nancy Sullivan, director of the Case Management Program, "is to arrange for patients to receive care in the best setting while ensuring that the care is provided as efficiently as possible." To accomplish this goal, case managers get and stay involved in patient care from the earliest stages at the preadmission clinic through post-discharge. Case managers negotiate with insurance companies, help to expedite tests and troubleshoot any problems. "If something is delaying care or adding unnecessary costs, it becomes a case management issue," says Sullivan.

Because improving communication — among the hospital and referring agencies, clinicians, patients and families, and among clinical team members — is key to coordinated, efficient, top-quality care, case managers often serve as liaisons between these groups. For example, a pediatric patient was waiting for a final ultrasound before

(Continued on Page 4)

Partners unveils new benefits

A NEW BENEFITS PROGRAM for most corporate employees of Partners HealthCare System, called Total Choice: Partnering for Your Priorities, has been introduced. The program will become effective for certain Partners consolidated departments, including Human Resources, Finance, Information Systems and Office of the General Counsel, and for the Partners office as of July 1. Until now, employees in these areas have received benefits as MGH or BWH employees.

As part of this new benefits program, prior service with BWH or the MGH will be recognized, with date of hire remaining the same, and earned time and extended sick leave balances being rolled over.

Total Choice offers employees significant control over how benefit dollars — or Choice Pay — are spent on their behalf, based upon age, years of service and salary. In addition to a wide choice of medical, dental and vision benefits, employees can choose to use their benefit dollars to expand their paid time off or tap into benefits to support personal priorities such as adoption assistance or dependent tuition.

According to Dennis Colling, Partners vice president, while Total Choice duplicates neither the MGH or BWH packages exactly, it has been designed to be competitive with the state-of-the-art programs offered by top corporate employers and will be cost neutral when compared to current costs of BWH and MGH benefit plans.

"Because many individuals who were working side-by-side had different benefits, we knew we had to make some changes," says Colling. "We used the opportunity to re-examine our benefit structure in light of employee needs and marketplace changes."

Some departments that have been consolidated to support Partners activities, such as Materials Management, Distribution, Transportation and Warehousing, will retain their current benefits as Partners continues to identify and analyze the labor markets in which Partners competes.

"We recognize that there are a variety of needs among the Partners business entities," Colling notes. "So, right now, we won't be offering this plan throughout the Partners system."

Details are being communicated to employees who are involved in the new plan. ●

IN GENERAL

Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners HealthCare System, last month was honored by the Anti-Defamation League with its prestigious Maimonides Award.

At the presentation Thier was described as "an extraordinary leader who has excelled as a physician, teacher, trusted advisor, policy maker and problem solver … a man whose deep commitment to education and medicine provides thoughtful and respected leadership for so many institutions in our community."

The Anti-Defamation League has been confronting anti-Semitism, racism and extremism since 1913. The Maimonides Award, named for a 12th century philosopher, jurist and physician, honors excellence in medicine and education and recipients' compassion, intellect and deep respect for human values.

Presenting the Maimonides Award to Thier, second from left, are, from left, Jehuda Reinharz, president of Brandeis University; Harold Schwartz, senior vice president of Smith Barney; and Arthur L. Goldstein, chairman and chief executive officer of Ionics, Inc.

Treadwell Library: center for knowledge resources

JACKIE BASTILLE, director of the Treadwell Library, describes the hospital's modern day library as a multimedia center for knowledge resources. "Technology enables us to deliver information in many different ways," she explains. "We try to be at the cutting edge of innovation."

MAGIC, the library's on-line catalogue, enables library users to locate books at the Treadwell and journals in the MGH, Spaulding Rehabilitation Hospital, Massachusetts Eye and Ear Infirmary and BWH collections. The Treadwell owns nearly 56,000 volumes and subscribes to 748 journals. It is not even necessary to go to the library to find a book because MAGIC is on-line and can be accessed from an off-site computer.

A wealth of information also is available through the Treadwell's computer search service — COLLEAGUE MGH. This service gives the hospital community access to a selection of bibliographic databases including the most comprehensive one available for biomedical literature. Other databases focus on specific topics, such as AIDS, cancer, health care administration and allied health issues. Caregivers and patients alike use the MEDEX database to find information about medications, diseases and care via computer.

Treadwell librarians regularly teach 50-minute classes on using a range of electronic resources. To find out more about the Treadwell Library or enroll in a class, call 6-8600. ●

Treadwell dedicates new conference room

The Treadwell Library April 18 dedicated a new conference room to retired MGH physician George S. Richardson, MD, as part of the library's 95th anniversary celebration. Richardson served as chairman of the Treadwell Library Committee for more than two decades during his almost 50-year career on the MGH/Vincent Gynecology Service. At the reception, he commended the library as an invaluable resource in serving the research, clinical and academic needs of the MGH community.

Voice mail system helps patients find way

Patients and visitors now can listen to recorded directions to the hospital thanks to the Telecommunications Department. When callers request directions to the hospital, staff can offer to transfer the call to 4-1600, a phone mail system with recorded directions. Callers may select directions based on personal or public transportation and can hear the information repeatedly if necessary. Rotary dialers and callers requiring additional assistance can ... to be transferred to a ...entative from Police and Security.

— *Patient-focused ground floor*

(Continued from Page 1)

In addition to the principle of patients first, the project also has evolved according to the principle of best use, that is, using available space in the most appropriate way. Considerations of need, efficiency and cost also are brought to bear in the evaluation of specific use proposals. Many of those proposals — including a child care drop-off center, a patient resource center, a coffee and pastry shop, a quick lunch cafe and some additional restrooms — are still being evaluated.

While the final details of the plan are still changing, the major components are:

- Renovation and enlargement of the White Lobby, including a new and more accessible entranceway and a larger and more comfortable patient waiting area;
- Reconfiguration of the Medical Walk-In Unit (now under way) and widening of the hallway leading from the lobby to the WACC;
- Widening of the corridor leading from the White Lobby to the Gray Lobby, featuring many added patient amenities (restrooms, newsstand, telephones) and floor-to-ceiling glass windows looking out onto the Bulfinch Courtyard;
- Creation of a public stairway leading from the former site of the administrative offices to a renovated and enlarged public cafeteria in the Gray Basement;
- Renovation of the family and surgical waiting areas in the Gray Lobby;
- Construction of the auditorium on Blake 1 (now complete) and;
- Development of a clear, easy-to-follow, wayfinding and signage system. ●

Why is the hospital spending so much money on renovating the Bulfinch Building for administrative offices when cutting costs is such a high priority?

The White 1 administrative offices needed to be moved to better serve our patients, their families and referring physicians. Plans to make the MGH ground floor more welcoming, efficient and patient focused called for a dramatic widening of the White corridor, the addition of many more patient amenities and the construction of a stairway leading to the basement cafeteria, also now undergoing renovation.

Q&A

Michael S. Jellinek, MD, senior vice president for Administration

At the same time, the age and condition of the Bulfinch Building made renovation there necessary. Because of its age, however, it was no longer suitable for modern clinical or research purposes. An important principle of space planning at the MGH is that each building should be used in the best and most appropriate way. Renovating the Bulfinch Building for offices was the most appropriate use of that space. It seemed logical to move the leadership of the MGH, displaced from White 1, to the Bulfinch Building. The renovation also made it possible to consolidate other key hospital and corporate leaders from different sites in one place, resulting in a much more efficient work flow and a work space reduction of 26 percent. The renovation was carried out with careful consideration of costs and with flexibility for accommodating any changes that may occur in the next several years.

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MGH HOTLINE

WHAT'S HAPPENING

Fight domestic abuse for Mother's Day

According to statistics, 17 percent of pregnant women are battered. As Mother's Day approaches, the Domestic Violence Task Force, which is coordinated by the Community Benefit Program, will provide a way to help address the problem by supporting the Harbor Me Shelter in Chelsea. When employees, patients and visitors make a donation in honor of a woman in their lives, the shelter will send the honoree a Mother's Day card acknowledging the gift.

Donations can be made May 1, 10 pm to midnight, outside the former site of the gift shop; May 2, at two locations — outside The MGH General Store and Flower Shop, 11 am to 4 pm and in the lobby of CNY Building 149, 10 am to 6 pm.

The Domestic Violence Task Force also has established a support group to which clinicians can refer patients or patients can self-refer by calling Social Services at 6-2643.

Employees and staff who experience domestic abuse can receive support by calling Nancy Robb, LICSW, Employee Assistance, at 6-6976.

The Domestic Violence Task Force meets monthly and is open to new members. Those interested in finding out more should call Bonnie Zimmer, LICSW, at 4-0054.

Free screenings

The Department of Dermatology will offer free skin cancer screenings for employees and the public May 7, 3 to 6 pm in WACC 481. Appointments can be scheduled by calling 6-1869.

As part of National Anxiety Disorders Screening Day, the MGH will offer free, confidential screenings to anyone who suffers from anxiety attacks, excessive shyness or who is chronically anxious or unreasonably fearful. Screenings will be May 1, 9 am to 4 pm at 50 Staniford St., fourth floor. For information about the screening call 4-0851. For information about medications being studied at the MGH Anxiety Disorders Research Program, call Kristin at 6-6944.

MGPO save the date

The second quarter staff meeting of the Massachusetts General Physicians Organization will be May 13, from 5:30 to 7 pm in the auditorium on Blake 1. All MGPO physicians are encouraged to attend.

Memorial service

A memorial service for A. Clifford Barger, MD, professor emeritus of physiology at Harvard Medical School, who died March 13 at 79, will be held May 4 at 2 pm in the courtyard of the Warren Alpert Building, 200 Longwood Ave., Boston. Barger, who helped identify the bodily processes that can lead to congestive heart failure, taught some of today's leading medical experts, including many MGH staff members. In the HMS 40th Reunion Report by the Class of 1955, Barger was the teacher most frequently remembered by the students for his influence on their lives.

Walk for Hunger

Partners HealthCare System will be a sponsor of the Walk for Hunger, May 5, the nation's largest annual one-day fundraiser to alleviate hunger. For more information call Patricia Rowell, director of Volunteer Services at 4-1754.

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— *Case managers*

(Continued from Page 1)

discharge, but the test had been scheduled for late that day or possibly the next day. The case manager was able to call a contact she met as part of case manager training, clarify that the patient was ready for discharge except for this one test, and make arrangements to have the test performed sooner than originally scheduled. As a result the child did not have to spend another night in the hospital.

"One of the focal points for case managers has been guarding against inappropriate admissions and extra inpatient nights, which can rack up unwarranted costs and keep patients from returning home, where they often would prefer to be," says Sullivan.

"Another emphasis is serving as a resource to physicians, nurses, social workers and other caregivers, who are being asked to see an increased volume of patients. Case managers can help clinicians leverage their time, while ensuring a good balance between high-quality and efficiency." Currently, Sullivan and her team are gathering quality and cost data that they will analyze over the coming months as part of a continuing evaluation process.

Also over the coming months, while expanding into primary and specialty ambulatory practices, case managers will look toward ways of managing care across a broader continuum and coordinating the MGH program with Partners Community HealthCare, Inc.

To accomplish its goals, the Case Management Program retrained, for the most part, existing MGH staff who could call on skills and knowledge from earlier roles. Thirty of the 32 case managers previously held other positions at the MGH in such areas as Utilization Management and Quality Assurance, Continuing Care and Nursing. "The mix of skills and the relationships the case managers bring to their new roles are a real plus," says Sullivan. "They have been able to turn those relationships into support for the program. It has taken that support, and the hard work of a huge number of people from many areas, to make the inpatient Case Management Program work." ●

May 3, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

East Cafeteria to close May 10

WHEN THE EAST CAFETERIA opened in 1940 in the basement of the spanking new White Building, Wendell Wilkie was campaigning against FDR for president, John Steinbeck had just finished *Grapes of Wrath*, and the Germans had begun bombing London. The cafeteria weathered the storm of the war years well — despite food shortages and employees who consistently packed up and left to join the war effort — and the director of Dietetics reported in 1945 that "at no time have either patients or employees of the hospital been denied adequate and satisfactory food."

According to Helen Doherty, the current director of the MGH Dietetics Department, the East Cafeteria now serves 1,400 lunches each day. When it closes May 10, the hospital faces a food service challenge that could rival the war years.

The summer food service program will attempt to make up for the loss of the East Cafeteria with expanded service on the Bulfinch Patio and Walcott Rooms Monday through Friday for lunch, says Doherty. The use of the Walcott Rooms, dubbed the "East Cafeteria at Walcott," was a last-minute addition to help alleviate crowding. Service on the Bulfinch Patio — the "East Cafeteria on the Bulfinch" — also will include the Friendly's Ice Cream Cart. Additional tables and chairs will be set up under the Bulfinch Tent.

(Continued on Page 2)

MGH-led task force eyes future of academic health centers

ACADEMIC HEALTH CENTERS — a term describing medical schools plus their associated teaching hospitals — are in peril. Forces ranging from managed care to government cutbacks are draining resources from such institutions, particularly jeopardizing their special missions of teaching, medical research and care of uninsured patients.

The challenges facing academic health centers are not in dispute. But how those challenges actually are affecting academic health centers and what approaches would best preserve the centers' crucial missions

(Continued on Page 3)

Partners moves

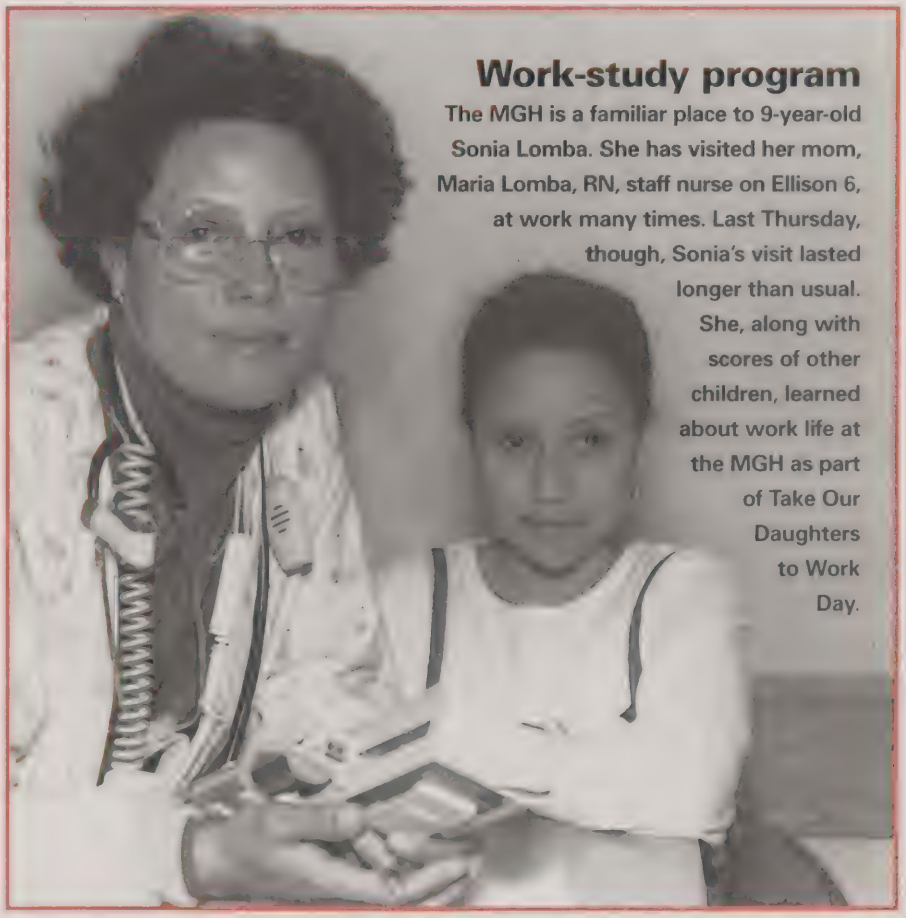
Search for orthopædic leader to begin

IN ONE OF THE largest clinical integrations since the inception of Partners HealthCare System two years ago, Partners, the MGH and BWH have announced that they will collaborate to recruit one service chief to lead the Orthopædic departments at the MGH and BWH. Work is under way to identify such a chief.

The decision comes at a time when orthopædic leadership at both the MGH and BWH is in transition: As of July the MGH's Henry Mankin, MD, will step down from his role as chief after 24 years to focus on the resident training program and his own clinical practice, and BWH's Clement Sledge, MD, will retire after almost 26 years.

"Our top priorities are to provide excellent patient care, research and teaching. To succeed we have to use our talents and resources most efficiently," says

(Continued on Page 2)



Work-study program

The MGH is a familiar place to 9-year-old Sonia Lomba. She has visited her mom, Maria Lomba, RN, staff nurse on Ellison 6, at work many times. Last Thursday, though, Sonia's visit lasted longer than usual. She, along with scores of other children, learned about work life at the MGH as part of Take Our Daughters to Work Day.

Partners statement on NEMC talks

Over the past several months, at the invitation of the leadership of New England Medical Center (NEMC), Partners HealthCare System and NEMC have engaged in preliminary talks to determine how the institutions may work together to address the enormous changes in the health care environment. This week, the NEMC board indicted an interest in continuing those discussions.

It is anticipated that this next step will take several months to conclude. Updates will be provided in future issues of *Hotline.* ●

Advances

Enzyme may lead to male contraceptive, infertility treatment

MGH researchers have discovered a control mechanism involved in the development and maturation of sperm that may someday lead to a male contraceptive medication or new treatments for male infertility. In a report in the April issue of *Nature Medicine,* Dennis Brown, PhD, *left,* and Sylvie Breton, PhD, *right,* of the MGH Renal Unit, describe how an enzyme called a "proton pump" maintains an acidic environment, essential to proper sperm development, in key areas of the male reproductive system.

After being produced in the testis, sperm are stored and undergo further development in a long, twisted duct called the epididymis. Before leaving the body, sperm pass through a tube called the vas deferens. Both of these organs are characterized by an acidic environment that helps prevent the sperm from becoming motile (able to propel themselves) too soon. Brown and Breton describe their discovery that cells responsible for maintaining the acidic environment in the epididymis and vas deferens accomplish their task through the proton pump enzyme.

Identifying the proton pump opens the possibility of modifying its action to change the acidic environment in the epididymis and vas deferens. "If we were able to target an inhibitor of the enzyme to just the male reproductive tract, sperm might become motile prematurely, which could inhibit fertility," Brown says. "Similarly, defects in the proton pump could be responsible for some cases of unexplained male infertility."

— East Cafeteria to close May 10

(Continued from Page 1)

Service will begin May 13 at 11 am on the Bulfinch Patio and 11:30 am in the Walcott Rooms. The menu in both areas will be similar to the old East Cafeteria, with traditional selections and a different pasta every day.

On May 21, "The Bulfinch BBQ" will open on the WACC Terrace. A second grill has been added and special chefs assigned, says Doherty.

"Luckily the situation will last only through the summer and then the new cafeteria will open in September after Labor Day," says Doherty. "Thankfully, the construction remains on schedule. All the construction changes have been difficult on our customers and on us — but as usual, everyone has pulled together to make the best of it."

Meanwhile Doherty hopes to put the best face on things — and end an era of MGH food service history — with a 1940s-style send-off for the East Cafeteria May 9. The day will feature vintage menus — and prices — as well as some hot new tunes on the jukebox from the likes of Benny Goodman, Glenn Miller, Count Basie and of course, the Duke. ●

— Search for orthopædic leader

(Continued from Page 1)

Samuel O. Thier, MD, president of Partners and The Massachusetts General Hospital and chair of the Partners Clinical Consolidation Committee. "This is an opportunity to unify the direction and leadership of these two excellent services and to enhance the quality of orthopædic care across the Partners system. By combining our resources and recruiting a top orthopædic leader, we will continue the tradition of excellence in orthopædics and ensure that Partners has one of the premier orthopædic services in the world."

During the search for a Partners chief of Orthopædics, William Tomford, MD, will serve as the acting chief of Orthopædics at the MGH. Tomford has been credited with developing one of the world's largest bone banks at the MGH, which has served as a national model for other programs. An acting chief for BWH has not yet been identified.

"Dr. Tomford is well respected and widely supported by his colleagues," says W. Gerald Austen, MD, MGH surgeon-in-chief and president and CEO of the Massachusetts General Physicians Organization. "I am pleased that he has agreed to take on the added responsibilities on an interim basis. I also am extremely appreciative of the outstanding contributions that Dr. Mankin has made to the Orthopædic Service and to the MGH. He is recognized worldwide for his contributions to new knowledge and education in orthopædics, and he has built a truly outstanding Orthopædic Department at the MGH."

A search committee, comprised of representatives from Partners, the MGH and BWH, will work to select the new chief. *Hotline* will publish more details on the selection as they become available. ●

MGH HOTLINE

Full house

The McDonough family of Whitman more than doubled last Friday when Katherine McDonough gave birth to healthy quadruplets at the MGH. From left: mom Katherine holds Andrew and Thomas, and Joseph holds Elise, and big sister Caroline holds Steven. The babies will be cared for in the MGH NICU for another week or so before transferring to another hospital near their South Shore home.

— Future of academic health centers

(Continued from Page 1)

so far have been largely matters of conjecture. Now a national task force based at the MGH has embarked on a systematic examination of those questions.

David Blumenthal, MD, MPP, chief of the MGH Health Policy Research and Development Unit, is program director of The Commonwealth Fund Task Force for Academic Health Centers. Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners HealthCare System, is the task force chairman. The four-year, $3.5 million project is sponsored by The Commonwealth Fund, a New York-based national foundation that undertakes independent research on health and social issues.

"The task force's charge is to take an explicit look at the missions of academic health centers, to quantify the value of those missions to the overall community and to analyze the effect on these missions of current forces within the market and in public policy," Blumenthal says.

The 13-person task force — comprised of senior officials and faculty members from universities, teaching hospitals and the business community — held its first meeting at the MGH April 17. Thier says, "The outstanding national leaders assembled in this group will draw on studies and data prepared by researchers at the MGH and elsewhere to answer one key question: In an environment of ever-diminishing resources, what are the most critical missions of academic health centers and how can they best be preserved?"

In addition to Blumenthal's role directing the overall project, he and his colleagues in the MGH Health Policy and Research Department are analyzing how changing relationships between academic health centers and community institutions affect the centers' traditional missions. They also will work closely with the Association of American Medical Colleges to use information from existing and future surveys to better understand how academic health centers have been pursuing and supporting their missions.

"We want to sort out the real costs of being an academic health center," Blumenthal says, "and let public policy makers know what society has been paying, and would have to continue paying, to sustain the centers' missions into the future." ●

In Brief

Several MGH nurses recently published the article "Pain Management Knowledge, Attitudes and Clinical Practice: the Impact of Nurses' Characteristics and Education," in the *Journal of Pain and Symptom Management*. The coauthors include: **Ellen Clark, RN, MS,** former assistant professor at the MGH Institute of Health Professions; **Brian French, RN, MS,** staff specialist, Quality, Research and Education; **Mary Liz Bilodeau, RN, MSN, CCRN, CS,** critical care clinical nurse specialist; **Virginia Capasso, RNCS, MSN,** advanced practice nurse, Vascular Nursing; **Annabel Edwards, RN, MSN,** clinical nurse specialist, MGH Pain Center; **Joanne Empoliti, RN, CS, MSN,** clinical nurse specialist, Orthopædic Nursing.

BWH News

Victor J. Dzau, MD, has been appointed chairman of Medicine at BWH. A practicing cardiologist, Dzau completed his clinical and research fellowships at the MGH, and received his bachelor of science and medical degrees from McGill University in Canada.

Dzau is currently the Arthur L. Bloomfield Professor and chairman of Medicine and physician-in-chief at Stanford Health Services of Stanford University in California, where he also has served as chief of the Division of Cardiovascular Medicine at Stanford University School of Medicine since 1990.

Dzau's appointment ends a year-long search to find a successor to Eugene Braunwald, MD, who will be stepping down from the chairmanship, but plans to continue in a leadership role for the institution. Braunwald was BWH's first and only chairman of Medicine. Between 1972 and his appointment at BWH, he served in the same capacity at the Peter Bent Brigham Hospital.

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MGH HOTLINE

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WHAT'S HAPPENING

MGPO quarterly meeting

All physicians are encouraged to attend the Massachusetts General Physicians Organization (MGPO) second quarter staff meeting May 13, 5:30 to 7 pm, in the auditorium on Blake 1. The agenda includes a review of MGPO financial results for the first half of fiscal 1996, updates on financial systems, the specialty care development program, commercial capitation conversions and updates on Partners HealthCare System and the MGH.

Minority professionals to meet with senior VP

The Alliance of MGH Minority Professionals invites employees and staff to a one-hour discussion with Jeff Davis, senior vice president of Human Resources and Operations Improvement, May 9, from 12:30 to 1:30 pm in the White 1 large conference room.

Evening gynecology hours

The Vincent Gynecology Service has expanded its service to include an evening clinic in WACC 231 Wednesdays until 9 pm. Patients who need annual exams or who have general gynecology problems can schedule appointments by calling 6-2756. All staff members are welcome to refer patients for the after-hours service.

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is published weekly by the MGH Development and Public Affairs Office.

Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office, 101 Merrimac St., fourth floor.

IHP graduation

This year's Institute of Health Professions graduation will be held May 11 at 3 pm on the McLean Hospital campus. The commencement speaker will be Gail Warden, president and chief executive officer at Henry Ford Health System in Detroit and a trustee of the Massachusetts General Physicians Organization.

Fight breast cancer

Partners HealthCare System will be a sponsor of the Massachusetts Breast Cancer Coalition's Stop the Epidemic March and Rally, May 11. For more information or to participate, call Patricia Rowell, director of Volunteer Services at 4-1754.

Spaulding hosts An Evening of Celebration

The annual Josiah A. Spaulding Lecture, featuring John Hockenberry, NBC news correspondent, is scheduled for May 8, with a reception at 5 pm and the lecture at 6 pm, at the Westin Hotel in Boston. Hockenberry, who has been a paraplegic for more than 20 years, will speak on "Degrees of Difference." The event includes a benefit dinner for the MGH/SRH NeuroRecovery Program and research in stroke recovery. The reception and lecture are free, and dinner tickets are $125 per person. For more information or to reserve space call 720-6896.

Reach Biomedical Engineering with one call

The Department of Biomedical Engineering has begun using a "One-Call" system that provides access to all of the department's resources through a single number, 4-1333. Beepers formerly used to cover patient care areas are no longer active. Access to Biomedical Engineering technicians should be accessed through the "One-Call" system.

Computer slide imaging

The Pathology Service's Computer Slide Imaging Center is now offering 24-hour standard turnaround time. The center can produce images from a variety of presentation packages. Presentations can be e-mailed to *slides@helix.mgh.harvard.edu.* Information also is available at the center's web site: *http://www.pathology.mgh.harvard.edu.* For more information, contact Doug Fleishman at 4-1412 or e-mail *Fleishman@helix.mgh.harvard.edu*

Children with attention deficit hyperactivity disorder

Jefferson Prince, MD, of the Department of Child Psychiatry, will present "Parenting a Child with Attention Deficit Hyperactivity Disorder: A Step-By-Step Approach to Dealing with Family Issues," May 8 from noon to 1 pm, in the Wellman 1 Conference Room. Attendees are welcome to bring a lunch. For more information call Employee Assistance at 6-6976.

Vascular nursing education

MGH Vascular Nursing will present "Sophistication and Sensitivity in Vascular Nursing," May 21, from 8 am to 4 pm in the auditorium on Blake 1. The cost is $50 for all Partners employees. Attendees will qualify for 6.4 contact hours. For information or to register, please contact Virginia Capasso at 6-3836 or through beeper 5650.

Cutaneous biology lecture

"Stem Cells, Lineage and Plasticity of the Differentiated State," sponsored by the MGH/Harvard Cutaneous Biology Research Center, will be held May 17, from 9 am to 5 pm, at the Armed Services YMCA, next to CNY Building 149. For more information call 6-3145.

Nutrition and the critically ill

The MGH Department of Dietetics Nutritional Support Unit and Clinical Nutrition will host a lecture, "The Stress Response As It Relates to Early Parenteral and Enteral Nutrition in the Critically Ill Patient: A Clinician's Perspective," May 8, at 4 pm in the Wellman 1 Conference Room. The guest speaker will be Stephen A. McClave, MD, associate professor, School of Medicine, University of Louisville, Ky. For information call 6-3373 or 6-2520.

Joint Program in Nuclear Medicine

The Joint Program in Nuclear Medicine, a collaboration among teaching hospitals affiliated with Harvard Medical School, will celebrate its 25th anniversary May 14 with a Scientific Symposium on Nuclear Medicine at Harvard Medical School's Countway Auditorium from 2 to 5:15 pm. A reception will follow the symposium. To reserve a space call Courtney Taubin at 355-4004.

May 10, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Center for Engineering in Medicine receives Whitaker grant

WE'RE SETTING OUT TO CREATE A NEW BREED OF BIOMEDICAL ENGINEERING PRACTITIONER.

MEHMET TONER, PHD

THE CENTER FOR ENGINEERING IN MEDICINE (CEM) at the MGH was born in 1994 with the goal of marrying medicine and engineering in new ways. Last month the center took a giant leap toward its goal when it was awarded a development grant from the Whitaker Foundation of Rosslyn, Va. The $1.8 million initial grant, which carries the potential for additional funding up to a total of $5 million, will support efforts to develop several biomedical engineering educational programs and to tap the potential of engineering in advancing biomedical research and patient care.

W. Gerald Austen, MD, MGH surgeon-in-chief and CEO of the Massachusetts General Physicians Organization, says the Whitaker Foundation has given the hospital an extraordinary opportunity to create a model program merging the biological and physical sciences.

"The CEM has designed an innovative approach for providing medical researchers with the tools, knowledge and skills needed to address the most pressing and perplexing

(Continued on Page 3)

White basement corridor to close

The main White Building basement corridor leading from the Gray Building to the WACC will close May 14 to July 4 because of construction of the new cafeteria. Pedestrian traffic will be diverted to White 1; wheeled service traffic will be routed through the East Cafeteria dining area. White Building elevators will not stop at the White basement. Construction precautions will include sealing the elevator doors, screening the entries to the corridor, exhausting the air, negatively pressurizing the space to minimize dust and monitoring air quality.

Department of Nursing emphasizes communication for Nurses Week

EXPANDING lines of communication was a key theme of National Nurses Week events this week at the MGH. In addition to a number of presentations and receptions, the Department of Nursing launched "Fielding the Issues" and "Facing the Issues," an ongoing series of open forums in which Nursing staff members will be able to discuss issues affecting the MGH and the Department of Nursing with Nursing leadership.

The department also invited James Mongan, MD, MGH president and chief operating officer, to join Jeanette Ives Erickson, RN, MS, interim senior vice president for Patient Care Services and chief nurse executive, on patient care unit rounds.

"Jeanette and her leadership team have been bringing me up to date on the concerns of MGH nurses," says Mongan. "I've enjoyed hearing from Nursing staff directly, and I look forward to taking advantage of other opportunities to continue to meet with employees and staff."

Next week Mongan is scheduled to meet with the Staff Nurse Advisory Committee, a group of 40 staff nurses charged with communicating the concerns and interests of their colleagues to MGH leadership.

Says Ives Erickson, "I very much value two-way communication — I believe in letting employees and staff be heard and listening to what they have to say." ●

Alan Genatossio, RN, staff nurse, right, greets James Mongan, MD, during his tour of Ellison 16. Jane Holtz, vice president for Neurosciences and Pediatrics, center, accompanied Mongan on patient care unit rounds May 6.

PARTNERS PROGRESS

Dana-Farber/Partners Cancer Care planning continues

IT'S A COMPLICATED ASSIGNMENT. Every issue, every idea must be painstakingly examined from all angles, analyzed, picked apart, put together and then re-examined. Hurdles and potential problems must be identified, debated and resolved. But this careful and deliberate process is shaping what seeks to be the nation's highest quality and most compassionate cancer program: Dana-Farber/Partners Cancer Care.

Since last January's announcement of the intention to create a joint program in adult medical oncology, leaders from Dana-Farber Cancer Institute (DFCI), Partners HealthCare System, the MGH and BWH have been working through the myriad details necessary to launch the joint program. The Implementation Steering Committee has been driving the process, meeting each week to review progress of the discussions and ensure that the planning remains on schedule.

Much of the detailed planning is being undertaken by nine subcommittees: Medical Coordinating, Joint Venture Administration, Nursing, Longwood Integration, Physician Integration, Information Systems, Development, Human Resources and Communication.

"It's absolutely critical that we plan meticulously and set up this joint venture the right way," says David G. Nathan, MD, president of the Dana-Farber Cancer Institute, who will be CEO of Dana-Farber/Partners Cancer Care. "Thousands of people look to these institutions for high-quality treatment. They trust the care they receive; they trust their caregivers. We have to show them that by drawing upon the collective strengths of these three great medical institutions we will enhance care. Our patients must see firsthand the benefits of this joint venture, and this best care has to be in place and evident from day one."

Dana-Farber/Partners Cancer Care will be organized around disease centers that will be highly collaborative, incorporating specific treatments and common protocols, says Bruce Chabner, MD, MGH chief of medical oncology, who will be chief medical officer of the joint program. Among the centers under discussion are women's cancers, which include breast and gynecologic cancers; gastrointestinal cancer; and thoracic cancer.

"The concept of establishing coordinated disease centers within these three institutions is truly exciting," Chabner says. "Working together, we will be better able to ensure that the therapies and treatments we deliver reflect the very best care options for patients. In addition, we will be able to complete studies rapidly and take advantage of the superb basic science at BWH, the MGH and Dana-Farber. We will make promising new therapies available to patients as soon as possible."

One of the most intensive planning efforts under way involves the integration of care between the two Longwood sites. Inpatient beds at Dana-Farber will be relocated to BWH in an integrated oncology service, remaining under the license of DFCI. BWH will continue to operate its own oncology beds.

Outpatient medical oncology programs currently located at BWH, with a few exceptions, will move to DFCI. All of the medical oncologists of BWH will become employees of DFCI or of a medical group practice established by DFCI. Renovations are planned at both DFCI and BWH to prepare for the changes. The MGH will continue to provide both inpatient and outpatient oncology services at its campus.

Lawrence Shulman, MD, clinical director of Hematology/Oncology at BWH, calls the integration planning process multifaceted, intricate and enormously interesting. "Many complexities are associated with moving beds, relocating outpatient programs, integrating staffs and systems and coordinating care," Shulman says. "But we realize that we have an opportunity to build an outstanding unified program that is unparalleled nationwide. We have a great group of people committed to achieving a smooth transition for patients, families and staff."

The next step in the process toward a joint venture will be to finalize the joint venture agreement and obtain regulatory clearances necessary to create Dana-Farber/Partners Cancer Care. The agreement is expected to be completed in the next month. In July, the first group of joint oncology fellows will begin their training, rotating among the three institutions. Implementation will begin in the fall, when the DFCI beds move to BWH, and the integration process will continue to unfold over the next few years.

Further news about the progress of Dana-Farber/Partners Cancer Care will be included in upcoming issues of *Hotline*. ●

Through a patient's lens

Photos from "Hospital Stay Number Five," a collection of 24 images by Steven Walker, an MGH patient.

RECOVERING in the hospital can be long and tiresome for patients. After four operations in 10 years, Steven Walker, 34, of Basking Ridge, New Jersey, decided his hospitalization for a fifth operation would be different. An animal photographer by trade, Walker documented his stay at the MGH through photos.

"Taking the photos made me feel like I was taking charge of my situation and made time go by faster," says Walker. "It also helped me feel detached from what was going on — like it was happening to the person in the frame, not me."

Walker hopes that, aside from being therapeutic, the photos might have an impact on payors and business people involved in health care. "After you get home from the hospital while you're still recovering, you start getting bills and notifications from your insurance, if you have it," says Walker. "My hope is that people will see these photos and realize that it's difficult being a patient — that there is a real person this is happening to — and put the focus back on the patient and not the bottom line," he notes.

Doctors are hopeful that Walker's fifth surgery, performed by Nicholas Zervas, MD, chief of Neurosurgery, to treat his recurring pituitary tumor will be his last. So far there are no signs of his tumor recurring.

— Center for Engineering in Medicine receives grant

(Continued from Page 1)

clinical problems," Austen says. "Recognizing the potential of such an approach, Whitaker has channeled its support in a way that will inspire future generations of biomedical engineers and physicians to think about problems more skillfully and creatively, whether in the laboratory or at the bedside."

CEM director Martin L. Yarmush, MD, PhD, of the MGH Department of Surgery and the Helen Andrus Benedict Prefessor of Surgery (Bioengineering) at Harvard Medical School, says he hopes to teach physicians and engineers to ask a more complete set of questions. "By establishing an interdisciplinary model in which scientists can think outside of their own disciplinary boundaries, we'll be able to tackle different problems with a more holistic approach and a more diverse set of tools."

Based at the MGH, the CEM is a multi-institutional enterprise with faculty from the MGH, BWH, Beth Israel Hospital, Shriners Burns Institute, Harvard Medical School and the Harvard-MIT Division of Health Sciences and Technology.

While certain aspects of the CEM are being planned, one important educational program is virtually up and running. Last year, the Whitaker Foundation awarded a grant of $750,000 to the MGH to create the Biomedical Engineering Research and Education (BERE) Program for physician fellows. For the past year, BERE Program director Mehmet Toner, PhD, of the MGH Department of Surgery and associate professor of Surgery (Bioengineering) at Harvard Medical School, has been developing and piloting the curriculum, recruiting faculty and reviewing applications. The CEM will welcome its first class of eight fellows July 1.

The two-year BERE Program will integrate classroom study with laboratory training in biomedical engineering and molecular biology. Fellows will be involved in ongoing research projects in gene therapy, biomechanics, tissue engineering, functional imaging and artificial organ development.

"We're setting out to create a new breed of biomedical engineering practitioner," Toner says. "These fellows represent the future. They are the ones who will support the development of new devices and products and who will expand our knowledge of the mechanisms and causes of disease in new ways."

According to Toner and Yarmush, the next few years will be critical to the success of the CEM. They point to the Whitaker gift as the start of a new burst of activities that will take the program in exciting directions.

"The day the Whitaker Foundation came to the MGH for our site visit was absolutely charged," Yarmush says. "There was so much intellectual power, so much energy, so much cohesiveness — from the research technicians to the physicians to the senior administrators. The MGH has an incredible opportunity to shape the practice of biomedical engineering. I'm thrilled to be part of that effort." ●

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MGH HOTLINE

WHAT'S HAPPENING

MGPO reminder

The next staff meeting of the Massachusetts General Physicians Organization will be May 13, from 5:30 to 7 pm in the auditorium on Blake 1. All MGPO physicians are encouraged to attend.

MGH book series release

The first in a series of MGH medical guidebooks for the layperson being published by Times Books/Random House will be released this month. To mark the release of *The MGH Prostate Guidebook,* the book's author, W. Scott McDougal, MD, chief of Urology, will appear on NBC's "Today" show next week. The interview is tentatively scheduled to air May 14 on Channel 7 between 7 and 9 am.

Cardiac life support class

The next advanced cardiac life support provider course will be May 20 and 22. For information call Barbara Wagner at 6-3905.

GLBA meeting

The Gay, Lesbian, Bisexual Alliance will hold a general meeting May 15 at 5:15 pm in Bartlett Hall Extension, third floor. For information call 6-5687.

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Cancer patient networking

As part of the Dialogues series, The Friends of the MGH Cancer Center and The MGH Cancer Affairs Committee will present "Cancer Patient Networking: What We Mean to Each Other" May 14, at 6 pm in the Walcott Conference Rooms. Henry Mankin, MD, chief of Orthopædic Surgery, will moderate a panel of patients. Call 6-1063 for reservations.

Harold Weiss dies at 46

Harold Weiss, an MGH employee for more than 20 years, died May 1 at the age of 46. Weiss had spent most of his tenure at the hospital in Nursing Support Services. He worked for the past five years in the medical nursing service, most recently on White 9.

"Harold was expert at nursing support work and customer service skills," says Eileen Budri, RN, MBA, nurse manager for White 9. "He had a sense of humor that was enjoyed by all staff. He will be greatly missed."

A memorial service will be held May 22 at 2 pm in the MGH Chapel.

MGH goes to the zoo

The MGH was a corporate sponsor of a fair May 3 at the Franklin Park Zoo in observance of Older Americans Month. "Celebration of Aging and Wellness" was organized by 32 community groups to bring together seniors from Greater Boston. Among exhibitors were the MGH Beacon Hill Geriatric Health Practice, the MGH health centers, McLean Hospital and Spaulding Rehabilitation Hospital.

Bike to work

The annual "Bike Walk 'n' Roll," promoting biking, walking and in-line skating as healthy and environmentally friendly ways to commute to work, will be May 23. Coffee and bagels will be provided at the event, which will be held at the MGH bike cage on Parkman Street and in the lobby of CNY Building 149. To volunteer to help or to link up with other commuter bicyclists, call Fred Ames at 4-6588.

International Office to move

As part of Human Resources consolidation efforts, the MGH Corporate International Office will move May 15 from Charles River Plaza to 101 Merrimac St., fifth floor. Telephone and fax numbers will not change.

Summer emergency course

Nurses, paramedics and EMTs are invited to attend "Beat the Heat!: What to Do in Summer Emergencies," June 5. For information on the full-day course call Deborah Anderson of Nursing Quality, Research and Development at 6-3111.

Tennis "grudge" match

The MGH Tennis League will play its annual "grudge" match against Shriners Burns Institute May 11 at 10 am. The league plays throughout the summer on Friday evenings. For information call Stan Wasserman at 733-2745.

A World of Difference

In keeping with its commitment to diversity, Partners HealthCare System will be a major sponsor for A World of Difference Institute's third annual Youth Congress, May 22 from 7:45 am to 2 pm at Brandeis University. By involving more than 1,000 students and faculty, grades seven through eleven, from the communities it serves, Partners will demonstrate its commitment to diversity and to students and their families from throughout Massachusetts — from South Dartmouth to Beverly.

When the MGH adopted a formal set of core values and guiding principles as part of its strategic planning process last year, diversity was included on both lists. And by formally endorsing a diversity policy, the trustees set the stage for a concerted, cohesive effort to create a more supportive and culturally diverse environment for patients and employees. The MGH's emphasis on diversity has been coordinated with efforts at the Partners level.

Students and faculty, along with facilitators from the MGH, BWH and other Partners institutions, will participate in an all-day seminar featuring specialized workshops, motivational speakers and dramatic presentations. The students will learn to use the resources at their disposal and leave the seminar with action plans to confront and eradicate bigotry and hatred in their schools. For information call 6-2230.

May 17, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

A day in the life of an MGH social worker

IT IS A TYPICAL Monday morning at the MGH, and Linda Glassman, LICSW, hits the floors by 8:30 am. She checks in at the nurses' station on the Burn/Plastic Surgery Unit, Bigelow 13, to follow up on cases from Friday. Later she will hurry to the Gray 4 Surgical Intensive Care and Respiratory Intensive Care units and then to see a surgery patient before making her way back to Bigelow 13. As one of the MGH social workers covering surgery, trauma and burn areas, on Mondays Glassman meets the patients who have been admitted over the weekend — from car crashes, house fires and any number of traumatic events.

On the move with Linda Glassman, LICSW

"I try to plan my day as much as I can," says Glassman, "but things can change quickly, and planning usually means allowing for an unknown crisis." Glassman's days vary, but most include some mix of providing crisis intervention, offering emotional support to patients and families dealing with hospitalization and trauma, and serving as a link to other resources at the hospital and in the community.

On this particular Monday, a physician asks Glassman to speak with a woman who has been in a car accident over the weekend and, although physically ready for discharge, is under extreme emotional stress. Not only was she injured, but she is worried about her ability to take care of her sick husband. Glassman speaks with the patient about her feelings and concerns, assuring her that stress, fear and weepiness are normal reactions to trauma. Then she and the woman discuss the need for home care and the importance of accepting support and help from family members.

After a quick stop to arrange for a courtesy television for a patient who could not

(Continued on Page 2)

MGH physicians speak to 'Everywoman' with new health guide

Louise Miller waits patiently as her physician consults with another woman across the room. Usually Miller flips through a magazine in the waiting room before seeing her doctor; this time she is waiting in the middle of a bookstore.

Karen Carlson, MD, *left,* and Stephanie Eisenstat, MD, answer questions about their new book and women's health at a bookstore May 8.

Miller's physician is Karen Carlson, MD, of MGH Women's Health Associates, who is at the new Borders bookstore in Boston with Stephanie Eisenstat, MD, also of MGH Women's Health Associates, to answer questions and sign copies of their new book, *The Harvard Guide to Women's Health,* published by Harvard University Press. Miller has read about the book and wants Carlson to sign her copy of the encyclopedic reference of more than 300 subjects related to women's health care.

Says Carlson: "The books that are out there on women's health have challenged the way medical care is traditionally provided to women and have been invaluable politically. But they are not so helpful to a women who's trying to figure out how to deal with a particular symptom. Other books, mostly those written by nonclinicians, have not had the clinical credibility to ensure a woman that she's getting reliable information. Also, many books focus only on reproductive issues, but a woman's health has to do with her whole body as well as her mind and spirit."

Changes in the health care industry and the effect of these changes on the doctor-patient relationship were the primary motivators for Carlson and Eisenstat to write the book. According to Carlson, research indicates that the amount of information exchanged between patients and their physicians and patients' involvement in making decisions about their own care are important

(Continued on Page 2)

— A day in the life of an MGH social worker

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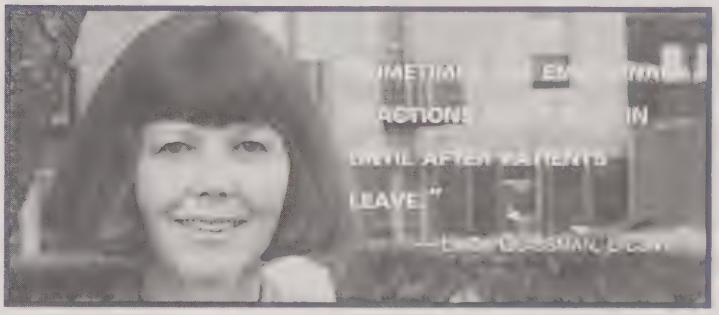
afford the daily fee, Glassman moves to Bigelow 13. The staff there apprises her of an 18-year-old college student involved in a car accident over the weekend. The woman has



severe facial injuries that required several hundred stitches.

"Because we move people out of the hospital so quickly these days," says Glassman, "sometimes the emotional reactions don't kick in until after patients leave, when they often, unfortunately, are removed from many of the supports we offer." Glassman talks to the family about what might happen after discharge and ways to get help. Then she gives them her number and offers to arrange a referral for counseling to one of the social workers who provides services in ambulatory care.

From Bigelow 13 Glassman goes to the Gray Surgical Intensive Care Unit to meet with the family of a patient who had been hit by a car and seriously injured.

"One of the things we as caregivers need to do is support family and friends because they can give the patient what we can't — love. This helps ensure that patients are discharged to a supportive environment," says Glassman, citing two other cases she dealt with during the day. In one case, a woman was serving as the primary contact for both her mother, who was battling cancer, and her grandmother, who had fallen and was admitted to the MGH. In the other case a man had been left a quadriplegic after a car crash, and he and his wife both needed a lot of support.

By afternoon Glassman is planning to meet an elderly woman who had been burned in a weekend fire and a man who had been re-hospitalized for a chronic condition. And she still needs to catch up on her documentation and to touch base with the case manager making discharge arrangements for several of her patients.

Of her days as a social worker, Glassman says, "It is chaotic and hard, but it also challenging and rewarding, which makes it worthwhile." ●

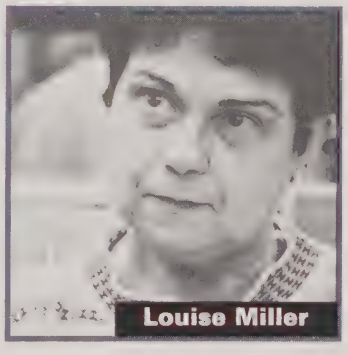
— *MGH physicians speak to 'Everywoman' with new health guide*

(Continued from Page 1)
factors in helping them achieve positive health care outcomes.

"As physicians, patients and mothers, we've observed some of the changes brought about by managed care from both sides of the relationship," Eisenstat says. "You get about 10 minutes per visit to ask your questions and process the answers. Preventive care issues are complicated discussions, so more often than not patients think of several things they should have asked by the time they get home. That's where our book comes in. Patients can use it to educate themselves before seeing their physicians, or to augment the information they get from their doctor after a visit."

The Harvard Guide hit bookstores May 1, just 11 months after the coauthors' first collaboration, *Primary Care of Women,* published by Mosby. Carlson and Eisenstat edited *Primary Care of Women* in association with Fredric Frigoletto, MD, MGH chief of Obstetrics, and Isaac Schiff, MD, chief of the Vincent Memorial Obstetrics and Gynecology Service. Written for physicians, *Primary Care of Women* includes the work of more than 80 contributors from the MGH and BWH, including the four editors. The book features more than 200 pages about reproductive health and offers generous coverage of general medical disease in women in such areas as cardiology, endocrinology, psychology, behavioral medicine and preventive medicine.

"THE DOCTORS WROTE IT BASED ON THEIR EXPERIENCE TAKING CARE OF PATIENTS LIKE ME. I'M DR. CARLSON'S PATIENT — I FIGURE I'M IN HERE."


Louise Miller

The Harvard Guide, the authors say, developed as an offshoot of the book for physicians.

"We had all the information from some of the top practitioners in their fields," says Carlson. "So we took much of that information, reworked it and repackaged it for the layperson." For that task, Carlson and Eisenstat were helped by Terra Ziporyn, PhD, a medical journalist and former associate editor of the *Journal of the American Medical Association.*

With 17 years of combined experience in women's health, it was easy for Carlson and Eisenstat to understand women's wide range of health informa-

The Orthopædic Research Society has established an annual lectureship in honor of **William Harris, MD,** chief of the Hip and Implant Unit in Orthopædics. The lecture will honor Harris' extensive contributions to reconstructive surgery of the adult hip. Recipients will be selected from young investigators submitting papers about hip reconstruction to the society.

Paul Barach, MD, resident in Anesthesiology, was one of 50 young medical professionals honored at the National Leadership Conference of the American Medical Association (AMA). AMA/Glaxo Wellcome Achievement Awards are presented annually in recognition of exceptional leadership in medicine or community activities. Barach was cited for activities including service as vice chair of the medical student association at Hadassah Medical School in Israel, participation in the Israel Medical Society and the Massachusetts Medical Society, and leadership in the AMA-Resident Physician Section.

Katelyn Quynn, JD, director of Planned Giving, has been named Planned Giving Professional of the Year by *Planned Giving Today,* the leading publication in the planned giving field. The national award is given annually to an individual who enhances the profession through excellence, achievement, leadership and character. Quynn is the sixth recipient of the award and the first woman to be honored.

tion needs.

"We just imagined ourselves in the office," Eisenstat explains. "The questions and concerns we're addressing in the book are the same ones we've been hearing in our practices every day for years — the book is simply a different format for answering those questions."

Having valuable health information at her fingertips is why Louise Miller says she bought the book. Besides, she says, "the doctors wrote it based on their experience taking care of patients like me. I'm Dr. [illegible]n's patient — I figure I'm in here." ●

Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

Design teams are creating plans to meet specific quality, service and cost-reduction targets. Today's update on the Patient Care Services Design Team is part of *Hotline's* ongoing coverage of OI team progress.

Jeanette Ives Erickson, RN, MS, interim senior vice president for Patient Care Services and chief nurse executive and leader of the Patient Care Services Design Team, says her team's recommendations center on the hospital's most important guiding principle — patient-focused care. "We are redesigning the delivery of care around the patient, bringing together at the unit level many of the employees and staff who directly affect the patient experience," says Ives Erickson.

Redefining the roles of nurses, nursing support staff and other health professionals is expected to help eliminate job overlap and ensure that care and services are delivered by those who are at the most appropriate skill level. The position of nurse manager — soon to be patient care manager — will expand to include supervision of most unit-based employees and staff, including those whose jobs recently were incorporated into the proposed patient care restructuring positions. The responsibilities of advanced practice nurses will increase to involve supporting the implementation of OI initiatives, particularly clinical care pathways, and developing ways to track the progress of patients while they are in the hospital and after discharge. And as the setting for health care delivery increasingly shifts away from the inpatient unit, staffing provided by health professionals also will shift to alternative sites in the evolving continuum of care.

The team has identified ways of simplifying work processes to improve quality and service while reducing costs. Among the upcoming changes are the installation of automated drug-dispensing machines, introduction of a computer system that will provide patients with information about medications prescribed for use following hospital stays, and the consolidation of 17 different discharge forms into a single universal form.

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MGH HOTLINE

PARTNERS PROGRESS

Braunwald named Partners VP, HMS dean

IN AN APPOINTMENT designed to strengthen Partners HealthCare System's commitment to research and education, Eugene Braunwald, MD, has been named Partners vice president for Academic Programs. Concurrently, Braunwald will assume a new post at Harvard Medical School (HMS) as the faculty dean for Academic Programs for Partners and will become The Distinguished Hersey Professor of the Theory and Practice of Medicine at HMS. Braunwald will be concluding his tenure as BWH's first chairman of Medicine in September when Victor Dzau, MD, will succeed him.

Braunwald

In his new roles, Braunwald will develop and articulate a long-term research strategy for Partners. This strategy will include coordinating the existing research activities among all Partners entities and working to "right-size" and reconfigure Partners' graduate medical education training programs for the future.

"As traditional sources of research support are very likely to decline, there will be enormous fiscal pressures on our hospitals, our faculty and the ability of both to support research," says Samuel O. Thier, MD, president of Partners and The Massachusetts General Hospital.

In the research arena, the goal for Partners will be to enhance the collaboration between scientists at Partners' two founding tertiary hospitals; reinvigorate clinical research; identify additional resources for research; and streamline the organization of the science effort at Partners.

"The most precious asset by far of the Partners research effort is the creativity, dedication and entrepreneurial spirit of its scientists," says Braunwald. "We must now optimize this asset by actively encouraging the development of joint research and research training efforts between investigators at the two hospitals whenever this makes sense."

H. Richard Nesson, MD, Partners chief executive officer, says, "We are looking forward to Dr. Braunwald's leadership as we develop ways to integrate residency and fellowship training programs, develop curricula and establish integrated training opportunities."

In this area, Braunwald will work with Debra Weinstein, MD, who will hold the title of director of Graduate Medical Education simultaneously at the MGH, BWH and Partners. Currently, Weinstein is director of Graduate Medical Education at the MGH.

Adds Daniel C. Tosteson, MD, dean of the Harvard Faculty of Medicine: "I am enormously pleased at the new dual appointment of Eugene Braunwald ... . It goes a long way toward sustaining and strengthening academic programs of the Partners HealthCare System and can foster collaboration between Harvard faculty at Partners and other Harvard-affiliated institutions." Braunwald will represent the MGH and BWH on the Harvard Medical Center Council on Graduate Education.

In recognition of Braunwald's distinguished academic, research and clinical accomplishments, the Eugene Braunwald Professorship in Medicine will be dedicated at HMS May 23. The first incumbent of the chair will be Charles Hennekens, MD, chief of the Division of Preventive Medicine at BWH. ●

Mafilda Guppy of Clinical Pathology, passes through the line of the East Cafeteria for the last time. The venerable facility, which served MGH staff and employees for more than 50 years, closed May 9 with a 1940s-style send-off party, featuring vintage music and prices. A new cafeteria will open in the White basement sometime after Labor Day.

WHAT'S HAPPENING

Vermont governor to speak at the MGH

Gov. Howard Dean, MD, of Vermont, who is an internist and health policy advocate, will present "Trends in Health Policy" at the MGH May 23, at noon in the auditorium on Blake 1. His presentation is part of the Outpatient Psychiatry series Policy, Politics, and Health Care, which is open to the public. For more information call Philip Candilis, MD, at 4-0859

Day rehabilitation program

The Spaulding & Newton-Wellesley Hospital Rehabilitation Center has opened a new day rehabilitation hospital program in Wellesley that enables patients to receive rehabilitation care during the day and return home in the evening. The program was designed to be a cost-effective, comprehensive treatment alternative that can reduce or eliminate inpatient hospitalization. For information or to make a referral, call 431-9144.

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May 24, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Employee Health Service: A dedicated resource for employees

WHEN THE first back spasm hit, Dolores Merola, a secretary on the central resource team for Nursing, did what most people are encouraged to do: She sought help from her primary care provider. Several days later, even though Merola had followed her doctor's prescribed treatment, the spasms returned while she was talking on her office telephone. After that Merola began to notice a pattern of symptoms and reported to the hospital's Employee Health Service (EHS).

Like most clinics, EHS sees patients for assessments and follow-up care. Unlike most medical walk-in or internal medicine units, however, EHS is a dedicated resource for employees and staff of the hospital who are experiencing conditions caused or significantly aggravated by workplace conditions and/or job activities. The largest nurse practitioner-based practice within the hospital, EHS is staffed with full-time advanced nurse practitioners, who are able to manage each patient on a case-by-case basis.

EHS IS A DEDICATED RESOURCE FOR EMPLOYEES AND STAFF OF THE HOSPITAL WHO ARE EXPERIENCING CONDITIONS CAUSED OR SIGNIFICANTLY AGGRAVATED BY WORKPLACE CONDITIONS AND/OR JOB ACTIVITIES.

"Most of the patients we see are what we refer to as the 'walking well,'" says Susan Loomis, RN, ANP, and Partners corporate manager for Occupational Health Services. "Most of our patients are not seriously ill. They either have a typical type of work-related injury, such as back strain, or possible exposure to a patient with an infectious illness such as tuberculosis, or they are in need of updated vaccinations." Loomis says that employees are an important part of the decision-making process in their own care.

Merola's EHS provider, Leslie Thompson, RN, ANP, decided to visit Merola's office. Once she saw how the desk and computer were situated, she identified factors contributing to the back spasms, including how Merola sat when typing on her keyboard and when talking on the phone.

(Continued on Page 2)

Partners in education Representatives of Partners HealthCare System pose with students and teachers from the schools Partners sponsors in the *Herald* in Education Program at the Annual *Boston Herald* Scholastic Competition Awards ceremony held May 9. George Kaye, vice president of Partners, and Phillip Gonzalez, student outreach coordinator, were among those attending the day's luncheon. The MGH first began sponsoring one school nine years ago; today the MGH sponsors nine schools from Greater Boston. By "adopting" schools, the MGH and Partners help provide newspapers and curriculum materials to schools throughout the state.

New autopage number: 6-7777

Sevens are not only lucky, they're all around: Seven wonders of the world, seven dwarfs, seven seas and seven sisters. Added to this list of sevens is the simple new MGH page number: 6-7777.

With the implementation this week of a new autopage number, paging at the MGH just got easier. And faster. Now to page someone by their 4-digit page ID number, callers simply can dial 6-7777 from within the hospital and 726-7777 when outside the MGH telephone system. When asked to enter the call-back extension, callers should depress the telephone keys firmly to ensure clear transmission of numeric tones. To aid in automatic paging, a free pocket-size page directory can be ordered beginning today by calling Staples Office Supplies at 4-1710. Delivery will take about two days.

While some pager holders have given out the seven-digit number on the back of their pager or have listed that number in their voicemail, Debra Curtin, manager of Communications, recommends that callers be asked to dial 6-7777 or 726-7777 and then press the four-digit pager number for better service.

Currently at MGH only 40 percent of paging is accomplished through the automated paging system. The norm for health care organizations is 80 percent, says Curtin, adding that using the automated system enables page operators to respond more quickly to critical pages that require their expertise and intervention.

Using old paging methods, while not in the category of the seven deadly sins, is sure to slow down the telephone system. Curtin encourages all to use the lucky seven page number. ●

MGH expands recycling program

The MGH's white paper recycling effort has generated enough revenue to expand the hospital's recycling program to include colored paper and newspaper. Funds were used to purchase 13-quart containers for individual offices and other low-volume areas and 23-gallon containers for high-volume areas, such as near photocopiers and laser printers. Containers are available in blue for white paper and gray for colored paper. In addition, newspapers can be deposited for recycling at 28 locations throughout the institution.

To order free containers or find out more about recycling at the MGH, call Environmental Services at 6-2445. ●

White Paper *(Please recycle in blue containers.)*	Colored Paper & Other Recyclables *(Please recycle in gray containers.)*
• white photocopy, typing and laser printer paper • white letterhead, with and without logos • computer printouts, including green-bar paper • *MGH Hotline* • white envelopes, with and without windows • paper or envelopes with adhesive labels • fax paper	• colored copy paper • magazines • catalogs and other glossy paper • paperback and hardcover books • colored manila folders • junk mail • self-stick notes

Tosteson announces plan to leave HMS

Daniel C. Tosteson, MD, announced last week that he will step down as dean of the Harvard Medical School in June 1997 after completing several ongoing projects. His departure as dean will come after 20 years of leadership of the school.

A 1949 graduate of HMS, Tosteson returned to Harvard in 1977 from the University of Chicago, where he was dean of the Pritzker School of Medicine and vice president of the U.C. Medical Center.

— *Employee Health Service*

(Continued from Page 1)

"Leslie told me that because I usually use both hands to do other things when I am on the telephone, I should get a telephone headset," says Merola. "This would free my hands and stop me from cradling the receiver with my shoulder."

Thompson recommended that after taking a week off, Merola should build up to her previous full-time workload within a two-week period. She also suggested weekly appointments with a physical therapist to help Merola strengthen her back muscles.

Now in her eighth week of physical therapy, Merola is back at work full time. "EHS has been a really positive experience for me," she says. "These simple measures have helped me continue working while putting me in charge of my care."

Loomis says the EHS helps the hospital workforce prevent workplace injury and illness and stay productive while giving employees in need of occupational health therapy the opportunity to participate fully in designing a clinical plan that works best for them. For more information about the EHS, call 6-2240. ●

IHP graduates record number

IT WAS AN EXCITING DAY FOR THE 700 GUESTS who recently attended commencement ceremonies for the largest graduating class in the history of the MGH Institute of Health Professions (IHP). A record 102 graduates processed through the McLean Hospital campus to the tent on the lawn for the school's 16th graduation ceremony.

"At a time when knowledge and information are exploding, the Institute has provided these graduates with an education rich in the theory, research and advanced knowledge of an academic discipline," said Maureen Groër, RN, PhD, president of the IHP. "Many of these graduates will become leaders of the future."

Commencement speaker Gail L. Warden, president and CEO of the Henry Ford Health System in Detroit and member of the Pew Health Professions Commission, then encouraged the graduates to embrace the challenges of the future.

CLOCKWISE FROM TOP LEFT: Annette Fonteneau, left, and Gregory Foley, recipients of master of science in Nursing degrees; Janine Ermilio, left, and Alissa Schaeffer, recipients of master of science degrees in Speech-Language Pathology; from left, Kathy Solomon, BSN, MS, and Beth Blackington, BSN, MS, MEd, IHP nursing faculty members, and Sasha Yampolsky and Althea Wagman-Bolster, recipients of master of science degrees in Speech-Language Pathology; Matina Horner, PhD, chairman of the IHP Board of Trustees, left, with board members Steve Mirin, MD, chief executive officer, psychi- in-chief of McLean Hospital, and E. Lorraine Baugh.

"AT A TIME WHEN KNOWLEDGE AND INFORMATION ARE EXPLODING, THE INSTITUTE HAS PROVIDED THESE GRADUATES WITH AN EDUCATION RICH IN THE THEORY, RESEARCH AND ADVANCED KNOWLEDGE OF AN ACADEMIC DISCIPLINE."

— MAUREEN GROËR, RN, PHD, PRESIDENT OF THE IHP

"Your role is even more important now, as American health care experiences some of the most dramatic and fundamental change in history," said Warden. "Success or failure for each of you will be measured by how you make a difference ... in your daily work life and in your profession. Every day you have an opportunity to make a difference in someone's life."

Citing a report by the Pew Health Professions Commission, Warden reminded the overflowing crowd that the health care work force must change to adapt to emerging trends and that new competencies will be required of practitioners. "Look for the opportunities that change brings and keep the central value of caring for people as a guiding force."

The IHP presented several awards at the ceremony. The first Rebecca Colvin Memorial Prize was awarded to Beth Dubois for her project "Sciences of Ayurveda and Caring: A Paradigm for Holistic Health Care." Henry Mankin, MD, chief of Orthopædics, presented the Mary Mankin Prize to Jacqueline A. Cannan for her thesis "Preoperative Predictors of Outcome After Volume Reductive Surgery." The Excellence in Nursing Practice Award was given to Loryn Ferrara.

An affiliate of The Massachusetts General Hospital and a member of Partners HealthCare System, the IHP offers masters of science degrees in nursing, physical therapy and speech-language pathology.

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MGH HOTLINE

In General

Buckley honored by AHA

The Massachusetts affiliate of the American Heart Association (AHA) recently presented **Mortimer J. Buckley, MD,** chief of Cardiac Surgery, with its annual Paul Dudley White Award, named for the MGH's first chief of Cardiac Services and a founder of the AHA.

In presenting the award, Edward J. McDonald Jr., chair of the AHA Massachusetts affiliate, said: "This is the affiliate's most prestigious tribute to the work and stature of an individual who symbolizes the integrity and value of the AHA. Dr. Buckley has held leadership positions both at the national and at the affiliate levels of the American Heart Association. He is a widely published author in his field and, most importantly, Dr. Buckley is world-renowned for his skill as an open heart surgeon."

The Massachusetts affiliate bestows the Paul Dudley White award to either a medical or nonmedical volunteer who has made a significant and continuing contribution to the mission of the AHA at the local, national or international level. White, who has been called the father of cardiology, rose to fame in 1955 when he cared for President Dwight D. Eisenhower following his first heart attack. In 1970 White was nominated for the Nobel Peace Prize.

Buckley recently was recognized at the annual conference of the American Association for Thoracic Surgery upon completion of his one-year term as president. He is a professor of Surgery at Harvard Medical School, as well as chair of a number of organizations, including the Council on Cardiovascular Surgery, the Inter-Society Commission for Heart Disease Resources, Cardiac Review Panel for the American Heart Association, and the Cardiovascular Surgery Committee at the American College of Cardiology.

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Walter Moody, 56, dies

Walter Moody, an Environmental Services employee for 20 years, died May 15. Moody's area manager, Mark Barish, says, "Walter was a humorous and friendly man who became familiar to the MGH community because he often wore headphones and his trademark colorful shorts."

Barish is trying to notify Moody's next of kin. Anyone with information or suggestions is encouraged to contact Barish at 6-2445.

What's Happening

On the move

Barbara Holland, director of Diversity, and Ken Smith, minority recruiter, have moved to Training and Organizational Development at Charles River Plaza. Holland can be reached at 6-5741; Smith at 6-6816.

Cancer Center open house

The MGH Cancer Center will host an open house of the new Blake 2 patient care areas May 31, from 11 am to 2 pm. Staff will lead tours of the new space, and light refreshments will be provided.

Asian Heritage Month

The Cultural Diversity Committee celebrates Asian Heritage Month in May with a bulletin board display and an Asian Heritage Quiz. All MGHers are invited to enter the contest and vie for gift certificates for local Asian restaurants. Entries are available at the bulletin board display and must be submitted no later than June 1. For more information, contact Barbara Holland at 6-5741.

Charlestown healthy hearts

Charlestown Loves a Healthy Heart Day will be held May 30 at Johnnie's Foodmaster in Charlestown. Sponsored by the staff of the MGH Bunker Hill Health Center, the health fair offers free health screenings and displays. The MGH mobile blood donor center will be on hand for those who wish to donate blood. For details call 4-8135.

McLean receives NIH grant

The National Institutes of Health (NIH) recently announced an award of $1 million to McLean Hospital for the construction of an addition to the Mailman Research Center. The grant was one of only about 15 awarded nationally by the NIH construction branch this year.

Ready to quit smoking?

The MGH Quit Smoking Service will offer an eight-week program beginning June 5 at 5:30 pm. For information, call the Quit Smoking Service at 6-7443.

Learn how to get a job

The next panel of the educational series, the Ins and Outs of Academic Medicine, sponsored by the MGH Women in Academic Medicine Committee, is entitled "How to Get a Job." The panel will be May 29, from 4 to 6 pm in the Wellman 1 Conference Room. For information contact Carole Davis, Research Affairs, at 4-2734.

MGH team to run against domestic violence

MGH is forming a team for the Boston Corporate Challenge, a 3.5-mile road race July 25 at 7 pm, focused on increasing awareness of domestic violence. Employees can sign up May 30 from 11 am to 2 pm at a table outside The MGH General Store and Flower Shop or by calling Linda Beatrice at 6-2168. Sponsor sheets will be available in early June for those who wish to raise additional money to help victims of domestic violence.

Run Against Drugs

The first MGH-Revere Run Against Drugs, a five-mile road race, will be held June 9 from 9 am to 2 pm. The waterfront race will be followed by a health fair in front of the MGH•Revere Health Center, which will include a wide variety of health screenings, health information and entertainment. The staff at the health center invites all MGHers to form teams and participate. For more information call 485-6060.

May 31, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Bed consolidation completed

THE BED CONSOLIDATION PLAN announced in March has been completed, resulting in the closing of 65 beds.

"I am always impressed by the exemplary teamwork exhibited by all in ensuring that the process of unit moves is seamless," says Jeanette Ives Erickson, RN, MS, interim senior vice president for Patient Care Services and chief nurse executive. "Regardless of how complex the moves are or how difficult the change is, staff members never lose sight of our patients and their needs."

The current composition of units affected by the moves is as follows: White 8 (6-3339) is home to the medical unit formerly located on White 11; White 9 (6-3342) houses the medical unit formerly located on Bigelow 10, plus dermatology patients from White 13; and White 11 (6-3348) is occupied by the urology/surgery unit formerly located on Bigelow 11.

Plans to move the General Clinical Research Center from White 13 to Ellison 13 have been canceled; several other options are being explored for its relocation. As expected, staff members from the former White 8 and White 9 units all have been assigned to other areas.

Bigelow 10 and Bigelow 11 currently are unoccupied, and plans are being developed for conversion to other uses. The Space Advisory Committee has recommended that Bigelow 10 house the Dialysis Unit, which will move from Gray 1 because of the first floor renovation. The committee also recommended that Bigelow 11 temporarily accommodate Internal Medicine Associates practices that must move from WACC 6 because of upcoming renovations. The plan will be presented to the General Executive Committee for approval in the coming months.

World of Difference

Barbara Holland, MGH director of Diversity and a member of the Partners HealthCare System diversity team, spoke to students and teachers from Greater Boston about prejudice and ways to combat it last week at the World of Difference Youth Congress at Brandeis University. Holland was among the representatives from Partners, the MGH and BWH who participated at the congress, which was co-sponsored by Partners as part of a continuing commitment to diversity as well as to students and their families.

Recovering an 'unsalvagable' life

AFTER YEARS OF MISDIAGNOSIS, unsuccessful treatments and brain surgery at another hospital, 53-year-old Catherine Atallah of Waterville, Maine, was, in the words of her former caregivers, "unsalvagable." Atallah was living in a rehabilitation facility. Then she came to the MGH a year ago to consult neurosurgeon Robert Ojemann, MD, the man she credits with giving her the courage to face another surgery that would potentially allow her to resume a normal life.

The problems began about four years ago, when Atallah says she started to feel a little strange. Her children began noticing that she was becoming reclusive, had trouble keeping her house in order and seemed depressed. She began seeing a psychiatrist and taking antidepressant medications. Then one day while talking on the phone with her son, David, Atallah had a seizure.

A series of tests revealed the true cause of her changed behavior and seizure: a large meningioma, a benign brain tumor, which had grown to the size of a grapefruit. Meningiomas, which develop from the protective covering of the brain, are rare only one new case is diagnosed annually per 100,000 people. Because this type of tumor usually grows slowly and often becomes very large before causing symptoms, removal

(Continued on Page 4)

Health centers offer expanded substance abuse services

The MGH community health centers in Charlestown, Chelsea and Revere now offer expanded substance abuse programs. Central Intake evaluation and referral services similar to those available at the main campus are available at Bunker Hill Health Center in Charlestown and at MGH HealthCare Center•Revere. Special counseling and support have been added at the MGH-Chelsea Memorial Health Center, where diagnostic, treatment and referral services have been available for several years.

The Charlestown and Revere Central Intake programs include complete evaluation of substance abuse problems, diagnosis of related psychiatric disorders, assessment of other health needs, help with insurance or other coverages, and placement with community resources for detoxification, recovery and continuing support. At Chelsea, additional assistance is provided in addressing problems that might act as barriers to treatment — such as lack of housing or access to such basic needs as meals and clothing.

"MANY INDIVIDUALS WITH SUBSTANCE ABUSE PROBLEMS LEAD VERY CHAOTIC LIVES."

"Many individuals with substance abuse problems lead very chaotic lives — they may be homeless, unemployed or coping with abuse," says Marie Armentano, MD, unit chief of Mental Health at MGH-Chelsea. "Even lack of child care could keep someone from making or keeping therapist appointments or entering a detox program."

The new programs are directed by David Gastfriend, MD, MGH director of Addiction Services, in collaboration with Armentano and Tom Sterne, MD, medical director at Chelsea; with Lorenzo Lewis, MD, medical director at Bunker Hill; and with Anne Hostetler, MD, unit chief of Mental Health at Revere. Providing services to patients are Juana Rodriguez, case manager, at Chelsea; Elaine Heffernan, LCSW, and Carol Murphy, LICSW, at Bunker Hill; and Sarah Keniston, LICSW, at Revere.

The evaluation and referral program offered through Central Intake at the MGH main campus evaluates 1,200 patients each year with significant positive results. The expansions of services in the health centers were developed in response to needs expressed by community leaders through the hospital's Community Benefit Program. For more information, call 889-8509 for Chelsea, 724-8200 for Bunker Hill or 485-6100 for Revere. ●

IN CELEBRATION

Fredric D. Frigoletto Jr., MD, chief of the Vincent Memorial Obstetrics Division, has been elected president of the American College of Obstetricians and Gynecologists (ACOG).

During his address at ACOG's annual clinical meeting in Denver last month, Frigoletto presented a plan to develop a nationally networked computerized patient record (CPR) enabling obstetricians and gynecologists to define and practice the highest quality of care available in the 21st century.

"Automated patient records will improve health care delivery by providing better data access, better data retrieval and higher quality data," he said. "I am convinced that the CPR will contribute to a more scientific practice of medicine with the end result being improved patient care."

The ACOG represents 35,000 obstetricians and gynecologists throughout the country and is dedicated to the advancement of women's health through education, advocacy, practice and research. Frigoletto has been active in the Massachusetts section since 1969, serving as its chairman from 1990 to 1993, and has been involved at the national level since 1978. He has served as an examiner for the American Board of Obstetrics and Gynecology since 1981. His [illegible]as ACOG president ends May 1, 1997.

Laurence Katznelson, MD, Neuroendocrinology, received a silver medal citation for his research presentation at the annual meeting of the General Clinical Research Center Program Director's Association. The organization represents more than 70 National Insititutes of Health-funded research centers and annually honors three young investigators for their work.

The United Way recently honored **80 MGH employees** with its annual "Unsung Heroes" award. The honorees served as volunteer mentors to students from the Timilty Middle School. The MGH mentors were nominated by Timilty teachers who wrote that t[illegible] inspired greater levels of scientific inquiry in our students … while exposing the students to the hospital environment and possible careers in science."

To learn more about the MGH-Timilty Partnership, call Andrea Gwosdow, PhD, at 4-3210.

Patricia Grabauskas, CNM, MSN, has come on board as the new director of the MGH Vincent Obstetric Division's Midwifery Program. Before coming to the MGH, Grabauskas served as director of Nurse Midwifery Services at Fallon Clinic in Worcester. She has both management and clinical midwifery responsibilities at the MGH and the community health centers in Charlestown, Chelsea and Revere. Grabauskas' office is located at Founders 410, and she can be reached at 6-2033.

HMS professorship named for Braunwald

Colleagues, family and friends joined Daniel Tosteson, MD, dean of Harvard Medical School (HMS), center, in honoring Eugene Braunwald, MD, left, with the dedication of the Eugene Braunwald Professorship of Medicine at HMS May 23. The chair recognizes Braunwald for his outstanding academic, research and clinical accomplishments. Braunwald was recently named Partners vice president for Academic Programs, HMS faculty dean for Academic Programs for Partners and The Distinguished Hersey Professor of the Theory and Practice of Medicine at HMS.

Charles Hennekens, MD, BWH chief of Preventive Medicine, right, was installed as the first incumbent of the chair at the same ceremony. In his acceptance speech, Hennekens said, "Like Ludwig van Beethoven, Eugene Braunwald is an innovative genius who has revolutionized the field of cardiology. During his 24 years as chair of Medicine at BWH, his extraordinary leadership has upstaged his outstanding contributions as a scientist." Braunwald will step down as chairman of the BWH Department of Medicine this summer.

Operations Improvement

Making the MGH more cost-competitive while improving patient satisfaction, strengthening internal systems and maintaining or improving clinical quality.

OI design teams are creating plans to meet specific quality, service and cost-reduction targets. Today's update on the Administrative and Corporate Services Design Team is part of *Hotline's* ongoing coverage of OI progress.

Peter Markell, interim chief financial officer and leader of the Administrative and Corporate Services Design Team, says his team has concentrated on "streamlining administrative and management structures so the MGH can operate as efficiently as possible and can devote as much of its resources as possible to direct patient care."

The team has focused much of its effort on what team members call "administrative care."

Administrative care involves all those encounters patients have throughout the MGH that do not involve direct care, such as obtaining appointments and referrals, registering and being admitted.

Peter Markell

The Administrative and Corporate Services Design Team is proposing a redesign of several administrative care processes to make them more responsive to the needs of patients, visitors and referring physicians. Among the team's recommendations is the creation of a Patient Access Service Center that will consolidate activities currently performed by the Physician Referral Service, Admitting Services and Patient Registration, thereby reducing the number of points at which patients must provide information for administrative purposes.

The team also has developed plans to minimize redundancy, maximize standardization and use new information technology to increase efficiency and cost effectiveness in administration, medical records and clinical support areas.

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MGH HOTLINE

WHAT'S HAPPENING

Myocardial infarction pathway to be introduced

The Cardiac Care Design Team June 3 will roll out a clinical pathway for myocardial infarction (MI) patients who have received thrombolysis — treatment with clot-dissolving drugs.

One of the first nonsurgical pathways to emerge from QI efforts, the MI guidelines will be used by both primary care physicians and specialists caring for patients who have had a heart attack. The pathway provides guidelines for structuring patient care into a projected length of stay by ensuring that proper testing is done promptly and that therapeutic interventions such as medications and procedures are performed on a predetermined schedule.

In a pilot study of 15 thrombolyzed MI patients, on average, the pathway reduced length of stay from eight days to five. Reduced length of stay and other efficiencies are expected to generate at least $75,000 in savings per year from this patient population. Patients admitted through the Emergency Department (ED) will be put on this pathway automatically by attending ED physicians. Copies of the pathway will be available in the ED and the Coronary Care Unit. For more information, contact David Read, Clinical Care Management Unit, at 4-8266.

MGH Hotline
is published weekly by the MGH Development and Public Affairs Office.

Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office, 101 Merrimac St., fourth floor.

North Station shuttle stop to change location

Beginning Monday, MGH shuttle buses traveling to CNY will stop about one block beyond the T station, under the underpass adjacent to the City of Boston parking lot. The new location soon will be clearly marked by a sign. The change is the result of ongoing construction. The temporary stop will be in use for approximately 6 to 8 months. Those with questions can call John Donovan in Materials Management at 6-2250.

Managing finances

The Employee Assistance Program will sponsor a seminar called "Financial Management: Looking at the Whole Picture," presented by the Consumer Credit Counseling Service of Eastern Massachusetts. The one-hour presentation, which will review personal budget and credit issues, will be held June 5, from noon to 1 pm, in the Wellman 1 Conference Room. For more information or to register for the free course, please call Employee Assistance at 6-6976.

Cancer Resource Room

The new Cancer Resource Room, Founders House 120, is hosting an open house June 6, 10 am to 4 pm. The room offers informational resources to patients and their families as well as MGH staff. Resources available include a touch-screen computer, videos, an Internet link to the National Cancer Institute and a wide range of books and pamphlets about all aspects of cancer. The Cancer Resource Room is a pilot project of the Treadwell Library, The Network for Patients and Families and Social Services. The Cancer Resource Room is funded by a grant from the Friends of the MGH Cancer Center.

Commended accreditation

The MGH/Spaulding Home Health Agency has been accredited with commendation by the Joint Commission on Accreditation of Healthcare Organizations. This is the highest level of accreditation awarded by the Joint Commission, the nation's oldest and largest health care accrediting body. The agency is a combined effort of the MGH and Spaulding Rehabilitation Hospital and provides pediatric and adult medical-surgical, rehabilitation and mental health care. In addition, the Hospital in the Home program offers intensive rehabilitation and physician home visits for patients who require such care.

Cycling against diabetes

The Tour de Cure cycling event to raise funds for the American Diabetes Association will be held June 2 in Greater Boston. To find out more, call Billie-Ann Gallagher at 438-4889.

— Recovering a life

(Continued from Page 1)

can be a tremendous challenge.

After surgery at another hospital, where only part of the tumor could be removed, and following a difficult recovery and months in a rehabilitation hospital, Atallah says she still was not able to care for herself or think clearly. She was living in a rehabilitation facility and faced the permanent loss of her independence and a life of needing constant nursing care.

> "DR. OJEMANN IS THE JIMMY STEWART OF PHYSICIANS — HONEST, WITH A GREAT BEDSIDE MANNER."

Then Atallah met Ojemann, who suggested another try at removing the tumor that was still causing pressure on her brain. She overcame her reluctance and agreed to the surgery.

Today David says that seeing his mother function so well is heartwarming. Comparing the family's experience at the MGH to the earlier experiences, David says: "It was like going from the minor leagues to the big leagues. There was a cohesive nature to the care at Mass. General; everyone knew what was going on with my mother's case. Dr. Ojemann is the Jimmy Stewart of physicians — honest, with a great bedside manner."

Atallah says that when she awoke from the surgery, she saw Ojemann at the foot of her bed. He asked if she knew who he was, and she answered correctly. "Dr. Ojemann looked like he was going to dance he was so happy," she recalls. Today Atallah is again living independently in her own home, from which she frequently phones David for, thankfully, uninterrupted conversations. ●

June 7, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

in on the GROUND FLOOR

Ground floor construction gears up for phase one start

IN MID-JUNE, WORK ON THE GROUND FLOOR RENOVATION PROJECT WILL BECOME MORE VISIBLE AND POTENTIALLY DISRUPTIVE. THE CONSTRUCTION WILL BE COMPLETED IN THREE PHASES. THE FIRST PHASE, OUTLINED BELOW, WILL LAST UNTIL NOVEMBER.

A construction wall will partition White Lobby

Beginning mid-June, a construction wall will surround the section of the White Lobby directly in front of the information desk, where a new lobby entrance will be constructed. The wall will extend past the former entrance to the Medical Walk-In Unit, where new restrooms will be installed. Mailboxes, house telephones and pay telephones now just off the White Lobby will be relocated. The hallway to the WACC will be temporarily narrowed but will remain open. The current restrooms will remain open until the new facilities are installed.

Glass canopy to be built over walkway to White front entrance

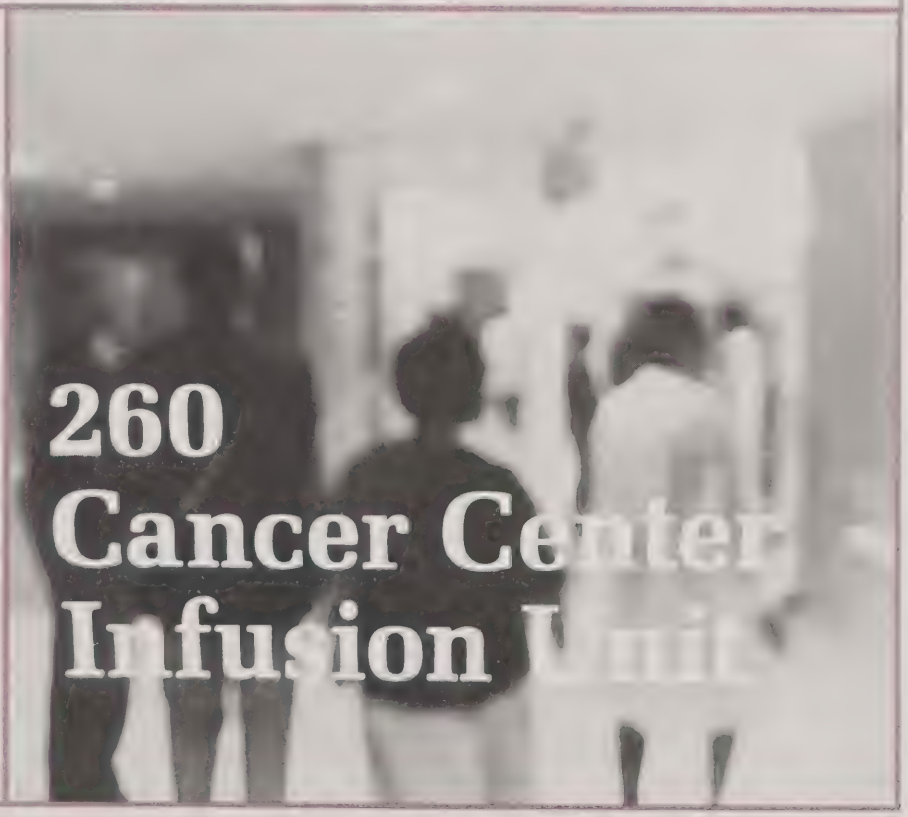
Work will begin around the third week in June on the construction of a glass canopy over the walkway along the WACC leading to the White front entrance, providing protection from the elements. Initially, mobile staging will be used to gain access to steel columns in the facade of the WACC to connect the supports of the canopy. By July, a construction barrier and temporary pedestrian walkway will be built parallel to the sidewalk. A crane will be used twice for about two weeks each time, first to hang the steel supports for the canopy and later to hang the glass. While

(Continued on Page 2)

Cancer Center opens three new units on Blake 2

EMPLOYEES AND STAFF got a peek at the MGH Cancer Center's new CT Scan, Pediatric Hematology and Oncology, and Adult Infusion units on Blake 2 at an open house May 31. The units represent phase one of an MGH effort to create Cancer Center clinical facilities that are more patient focused and efficient. Patients began receiving treatments in the new facilities June 4.

The Friends of the MGH Cancer Center took advantage of the occasion to present Jeffrey Supko, PhD, director of Cancer Center Clinical Pharmacology, with a $50,000 grant toward the development of the Clinical Pharmacology Laboratory within the center.



Charlestown loves healthy hearts, lungs, skin ...

Eileen McAdams, RN, nurse manager of Emergency Services at the MGH-Chelsea Memorial Health Center, *right* and Charlestown resident Susan Zimmerle watch as Roland Paquette, 6, inflates a mock pair of healthy lungs last week at the MGH-Bunker Hill Health Center's annual health fair. Charlestown Loves a Healthy Heart. Originally organized in response to a 1986 study that found more heart disease deaths in Charlestown than any other Boston neighborhood. the fair offers free blood pressure and cholesterol screening, as well as other health and safety information. Below, Karen Murphy-Lind, RN, coordinator of the event, *left,* explains ways to help prevent skin cancer to Karen Connolly and her daughters Jill and Stacy.

— Ground floor construction gears up for phase one start

(Continued from Page 1)

pedestrian access to the White front entrance will not be blocked, there may be some diversion to other appropriate locations of cars dropping off and picking up patients.

White front desk to move

The White information desk will be relocated to the opposite side of the lobby and another construction wall will be built in its place. Construction behind this wall — as well as behind the wall of the main corridor extending down to the entrance to the Bulfinch Patio — will produce considerable noise but will not impede the flow of traffic through the main corridor. The entrance to the Bulfinch Patio will remain open during renovation.

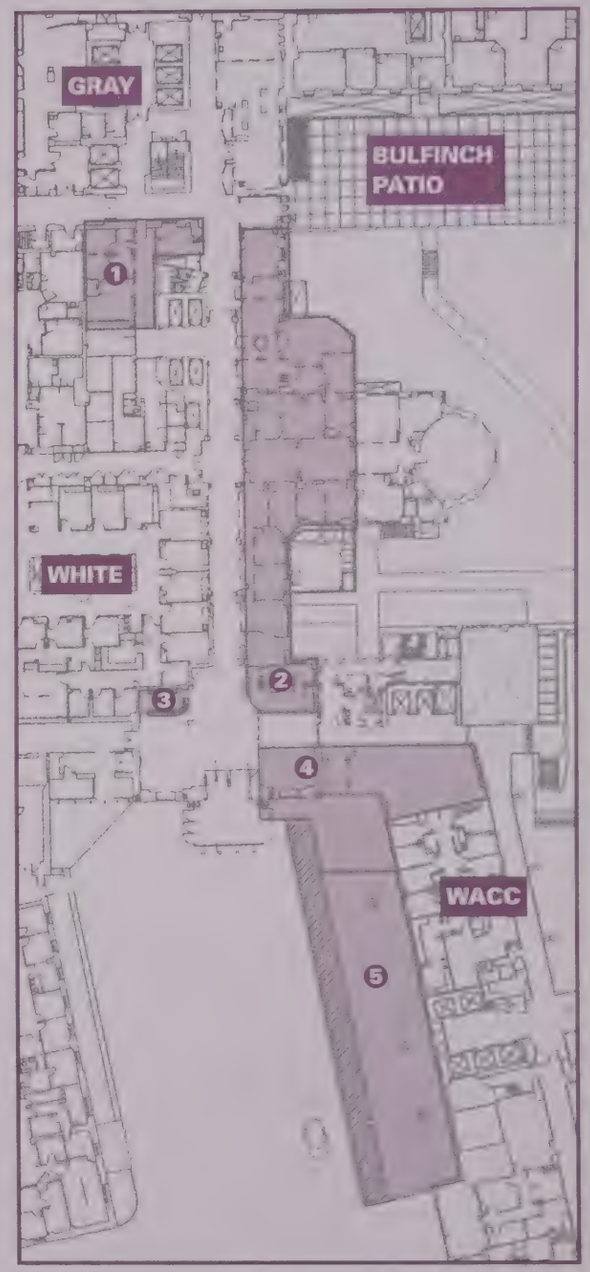
Nursing Data Center to relocate

New restrooms will be installed on the left side of the corridor leading to the Ellison Building, which will require the relocation of the Nursing Data Center.

Phase one is expected to be completed by November. Phase two will run from September to November, overlapping with phase one. During phase two, renovations to the White Lobby will be completed. During phase three, November to April 1997, renovations to the main corridor and enlargement and renovation of the Gray Lobby will be completed. Watch for details of phase two and three construction in future issues of *Hotline.*

Ground floor construction phase one at a glance

1. Installation of new restrooms requires the relocation of Nursing Data Center.
2. Barrier is constructed around White information desk, and construction proceeds behind it and behind the wall of the main corridor down to the entrance to the Bulfinch Patio.
3. White information desk is relocated to other side of lobby.
4. Barrier is built to seal off construction of new White Lobby entryway and installation of new toilets. Hallway to WACC is narrowed but remains open. Mailboxes, house telephones and pay telephones are relocated.
5. Construction of glass canopy requires moveable construction barrier and temporary walkway. Pedestrian access to the White Lobby is not blocked.



Partners awards Donaldson fellowship

Last year Partners HealthCare System created the Donaldson Fellowship in Health Care Leadership and Quality Improvement to promote the development of creative solutions to improve the health care delivery system. Recently, BWH's Steven E. Seltzer, MD, vice chairman for Systems and Planning, director of Computed Tomography and co-director of Abdominal Imaging, was named the first recipient.

Seltzer, whose research interests have focused on new clinical applications for CT imaging, new contrast agents for abdominal imaging and perceptual processes in radiology, will be developing radiology services for Partners and integrating them into the Partners information and medical management systems as his fellowship project.

The Donaldson Fellowship is a tribute to the late David M. Donaldson, a partner in the law firm of Ropes and Gray, who was instrumental in the formation of Partners.

Correction

The article about [illegible] on page 1 of the May 31 *Hotline* had an incorrect phone number for the MGH-Chelsea Memorial Health Center. The correct number is 889-8515.

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MGH HOTLINE

PAGE 4

WHAT'S HAPPENING

Women's health directory

The Women's Health Services Staff Directory was recently distributed to all MGH clinical staff. Produced by the MGH Women's Health Committee, it is designed to facilitate referrals for women's-health-related services and staff available at MGH. Clinical staff who have not received a copy should call Jeanne Savage at 4-6436.

The Quality Forum

As a range of changes are implemented throughout the hospital — from the design phase of Operations Improvement to other quality improvement efforts and applied research projects — MGH teams are exploring ways to monitor and ensure quality. All MGHers are invited to review these issues at monthly Quality Forum meetings, which are sponsored by Operations Improvement and the Quality Improvement/Patient Care Assessment Committee. Projects presented and discussed at the meetings will be viewed from different perspectives: clinical quality, service, efficiency and patient views.

At the next meeting Jeanette Ives Erickson, RN, MS, interim senior vice president for Patient Care Services and chief nurse executive, and Joan Fitzmaurice, RN, PhD, will present an overview of the patient care delivery model pilot program. The commentator will be Peter Buerhaus, RN, PhD, from the Harvard School of Public Health. The meeting is open to all and will be held June 13 at 5 pm in the auditorium on Blake 1.

Those with questions, comments or suggestions for future presentations are encouraged to contact Elizabeth Mort, MD, director of Quality Measurement, Clinical Care Management Unit, by e-mail or at 4-4638.

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A MESSAGE FROM THE PRESIDENT

After spending the past few months meeting with chiefs, administrators, staff and employees, I have become increasingly impressed by the abilities and commitment of the people at the MGH. I want to take this opportunity to express my confidence in our senior management team. I consider myself fortunate to be able to work so closely with the following talented individuals.

- Richard Boskey, deputy general counsel
- Jeff Davis, senior vice president for Human Resources
- Jeanette Ives Erickson, RN, MS, interim senior vice president for Patient Care Services and chief nurse executive
- Jane Holtz, clinical vice president for the Neurosciences and Pediatrics
- Michael Jellinek, MD, senior vice president for Administration
- Peter Markell, interim chief financial officer
- Ron Newbower, PhD, senior vice president for Research and Technology
- Britain Nicholson, MD, director of Primary Care Development
- Allen Peckham, senior vice president for Development and Public Affairs
- Ann Prestipino, clinical vice president for Surgical and Anesthesia Services and the MGH Cardiac Program
- Allison Rimm, director of the Office of the President
- Peter Slavin, MD, senior vice president and chief medical officer
- Kate Walsh, clinical vice president for Medical and Cancer Care Services
- Debra Weinstein, MD, director of Graduate Medical Education

I will establish a smaller leadership group to address day-to-day operational issues. In addition, W. Gerald Austen, MD, president and CEO of the MGPO, and I have been working closely together to identify areas in which the hospital and MGPO can coordinate activities to address the professional and institutional priorities of the MGH as a whole.

My first few months at the MGH have been exciting, and I continue to learn more about our extraordinary institution. I look forward to telling you about our plans and progress in the months ahead.

James J. Mongan, MD
MGH President and Chief Operating Officer

Chronic respiratory disease discussion group

The MGH Graduate Center for Psychoanalytical Studies and the Pulmonary and Critical Care Unit are offering enrollment in a discussion group for patients with chronic respiratory disease. The group will provide an opportunity to discuss life issues with other individuals and will meet on a weekly basis. Those interested should contact Richard Kradin, MD, at 6-8491.

GLBA meeting

The next meeting of the Gay, Lesbian, Bisexual Alliance (GLBA) will be June 21 at noon, Bartlett Hall Extension, third floor. For more information, call the GLBA hotline at 6-5687.

Vascular Lab accredited

In 1993 the MGH Clinical Vascular Laboratory was among the first group of labs in the United States and Canada to be granted accreditation by the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL). This year the lab has gained accreditation again to perform noninvasive tests of the carotid, arterial, venous and intracranial arteries.

The ICAVL, a nonprofit organization, was established to provide a mechanism for accrediting facilities that perform comprehensive testing for vascular disease with noninvasive testing modalities. Accreditation status signifies that the facility has been reviewed by an independent agency that recognizes the laboratory's commitment to quality testing for diagnosis and documented quality assurance standards.

June 14, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

PARTNERS PROGRESS

Boston Medical Group joins PCHI

BOSTON MEDICAL GROUP has become the newest member of Partners Community HealthCare, Inc. (PCHI), the integrated delivery system founded by the MGH and BWH. This group of 11 primary care physicians serves the communities of Dorchester, Mattapan, Milton and Quincy.

"It has become clear to the physicians of Boston Medical Group," says Mark Berenberg, MD, of Boston Medical Group, "that Partners Community HealthCare is the most advanced network in the region in terms of its development, strategy and thinking. While we remain committed to continuing to provide care in our local community with local specialists and hospitals, we believe that through this new relationship we will be able to work with Partners to enhance delivery of care to patients in our geographic area."

About one-third of all primary care physician practices that are affiliated with PCHI are, like Boston Medical Group, through acquisition. Such arrangements stabilize the network by having strategically placed groups in various geographic regions closely tied to the system itself. Commonly, physician groups also may affiliate with PCHI for managed care contracting and other services without selling their practice assets to PCHI.

PCHI supports affiliated physicians and hospitals by providing them with the full range of managed care administrative support necessary for providing high-quality, cost-effective health care and to achieve economies of scale and coordination across a broad geographic region. This includes network planning and management, capitation contracting, managed care support services and practice management. ●

Roomful of resources opens to patients, families

AFTER A CANCER DIAGNOSIS, most patients cannot get enough of two things: emotional support and information. Two new programs at the MGH aim to assure patients get enough of both. The Network for Patients and Families matches patients who are struggling with a new cancer diagnosis or their family members with patients or family members who have had similar experiences and can provide peer support. And last week the Cancer Resource Room, which provides patients and their families with information about all aspects of cancer care, health and wellness, as well as information about MGH and community services, celebrated its grand opening. The Resource Room was developed by the Treadwell Library, the Network for Patients and Families, and Social Services with a $18,700 grant from the Friends of the MGH Cancer Center.

Phil McGovern, above, a volunteer for the Network for Patients and Families, demonstrates a cancer information CD-ROM on the Resource Room's touch-screen computer. Other sources of information the Resource Room offers are social workers, a reference librarian, volunteers from the Network for Patients and Families, books, brochures and magazines, several computer software packages, Internet access, and a fax machine and copier.

The Resource Room, Founders House 120, is open weekdays from 11 am to 3 pm or by appointment. More about the Network for Patients and Families will appear in an upcoming issue of *Hotline*.

ADVANCES

MGH physician leads nationwide study of type II diabetes prevention

DAVID M. NATHAN, MD, director of the Diabetes Research Center and Diabetes Clinic at the MGH, is serving as the national chairman of the first nationwide research study to determine whether type II diabetes can be delayed or prevented among people most likely to develop the disease. The MGH and Joslin Diabetes Center are among 25 medical institutions participating in the study, called the Diabetes Prevention Program (DPP). The seven-year study is sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases, part of the National Institutes of Health.

About 15 million Americans have type II diabetes, which primarily strikes people who are over age 30, are overweight or have others in the family with diabetes. The risk of developing type II diabetes also is higher in certain ethnic groups, including African-Americans, Hispanics, Asians and Pacific Islanders and American Indians. More than 160,000 people die annually from diabetes and its complications. Diabetes is the leading cause of adult-onset blindness, kidney failure, and foot and leg amputations in Americans and a major contributor to heart disease and stroke.

By identifying and studying people with impaired glucose tolerance (IGT) — higher-than-normal blood sugar levels putting those with the condition at high risk of developing diabetes — the DPP will determine if interventions such as lifestyle changes or medications can help prevent or delay the onset of type II diabetes. The DPP is seeking 4,000 participants who have IGT.

"Of the 15 million Americans who have type II diabetes, half of them do not know they have it," says Nathan. "Another 21 million Americans have IGT, half of whom will go on to develop type II diabetes. The DPP represents our best opportunity to decrease what is becoming the most common chronic disease in the country and to improve the long-term health status of our population. We are fortunate to have two Boston centers conducting the DPP, reflecting our city's traditional strengths in medical research in general, and diabetes research and care in particular."

ABOUT 15 MILLION AMERICANS HAVE TYPE II DIABETES, WHICH PRIMARILY STRIKES PEOPLE WHO ARE OVER AGE 30, ARE OVERWEIGHT OR HAVE OTHERS IN THE FAMILY WITH DIABETES.

Participants will be assigned randomly to one of four groups, each of which will follow a different treatment plan: intensive lifestyle modification with a goal of reducing weight and increasing physical activity; pharmacologic intervention with the drug metformin, currently being used to treat type II diabetes; pharmacologic intervention with the drug troglitazone, currently being tested for its efficacy in treating type II diabetes; and a control group, which will take a placebo. All three groups taking medications also will receive information on diet and exercise.

Volunteers in the DPP will participate for three to six years, depending on the time of enrollment. Approximately half of the volunteers enrolled in the study will come from ethnic groups that have high rates of diabetes. Twenty percent of the volunteers will be age 65 or older, and 50 percent will be women.

To determine eligibility of volunteers, the Diabetes Research and Treatment Center at the MGH is holding a free blood sugar screening for employees, patients and the general public June 26 from 7 am to 2 pm in the Warren Lobby. For more information, call the center at 4-3197.

Alpha-hydroxy acids appear effective in improving skin appearance

AN MGH RESEARCH TEAM has found that low concentrations of popular skin care ingredients called alpha-hydroxy acids appear to be modestly effective in reducing symptoms of skin aging brought on by sun exposure and other environmental factors.

In the June issue of *Archives of Dermatology,* the researchers describe what they believe to be the first peer-reviewed, controlled, randomized, double-blind study to examine whether low concentrations of alpha-hydroxy acids can produce improvement in the appearance of aging skin. The results show that an emollient cream containing either 8 percent glycolic acid or 8 percent L-lactic acid is slightly but significantly better than the same cream without acids, called the "vehicle" cream, in improving overall appearance and reducing such symptoms as discoloration and roughness.

The research team enrolled 74 women, aged 40 to 70, judged to have moderately photodamaged skin. The participants were given jars of skin cream to apply twice daily to their face, right forearm and left forearm. A single researcher met with participants before the study and six times during the 22-week study period to assess changes in their skin. Neither the study participants nor the evaluating researcher knew which creams contained alpha-hydroxy acids.

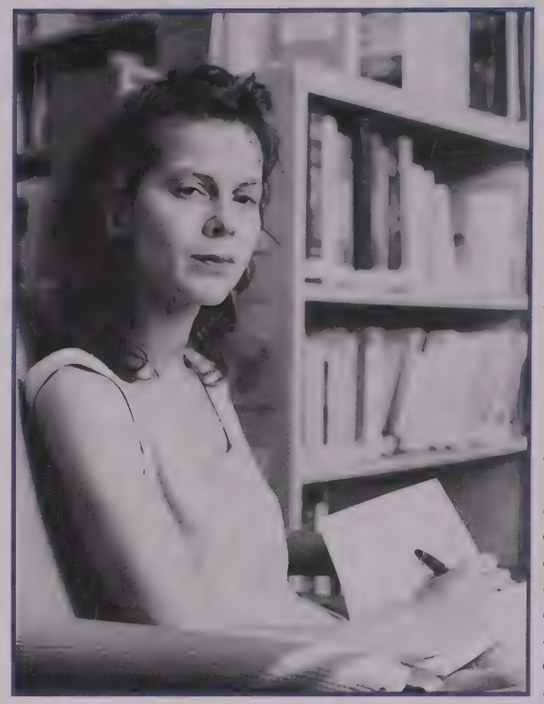
Study results showed a greater overall improvement in skin appearance when alpha-hydroxys were used and significant improvement in two specific signs of photodamage: mottled hyperpigmentation (irregular discoloration) and roughness. Study participants also were asked to self-assess their skin, and those using alpha-hydroxy acid creams reported greater levels of improvement.

"I PERSONALLY HAD BEEN SKEPTICAL THAT THESE LOWER CONCENTRATIONS OF ALPHA-HYDROXYS COULD HAVE A MEASURABLE RESULT."

— LYNN DRAKE, MD, MGH DERMATOLOGIST AND LEADER OF THE STUDY

"I personally had been skeptical that these lower concentrations of alpha-hydroxys could have a measurable result," says Lynn Drake, MD, an MGH dermatologist and leader of the study. "Our work does need to be verified by other researchers. But I think we have answered a fundamental question — do low levels of alpha-hydroxy acids produce visible improvements statistically superior to those of the vehicle cream alone. And the answer is yes."

Additional MGH co-authors of the paper are Matthew J. Stiller, MD; Shondra Smith, MD; Nikoforos Kollias, PhD; and Robert Gillies, PhD, all of the Dermatology Clinical Investigations Unit.



Be Properly Scared

Poetry writing became MGH patient Michele Wyrebek's coping mechanism when she was diagnosed with bone cancer at the age of 16. "Language is a bridge that connects the mind and body and the poems are an expression of that," says Wyrebek, now 35. "In the absence of having a normal life, the imagination can suffer. That has always been a struggle for me, but the poetry is my brain's way of trying to learn something from this and finding a way to help pull me through." The poems explore Wyrebek's emotions and experiences related to her own illness and those of people she met during her many hospitalizations. They touch on such topics as daily treatments, medical procedures, waiting, strength and fear. Wyrebek hopes her poems might help others learn about and understand illness. The collection was recently published by Marshfield-based Four Way Books as Be Properly Scared and can be found in the MGH Cancer Resource Room.

IN GENERAL

Edward Harlow, PhD, a principal investigator in the Molecular Oncology Laboratory and research director of the MGH Cancer Center, was elected to the American Academy of Arts and Sciences in April in recognition of his distinguished contributions to science. Harlow joins a fellowship of 4,000 members among whom are 160 Nobel laureates and 64 Pulitzer Prize winners.

James Perrin, MD, director of General Pediatrics, has been named president-elect of the Ambulatory Pediatrics Association, the primary academic society for general pediatricians. A member of the MGH staff since 1986, Perrin's research interests include otitis (ear infections), asthma, chronic disease, children's hospitalization, technology diffusion and variations in pediatric practices. He has held many positions within the American Academy of Pediatrics and has been active in advocating for children — especially children with disabilities — with the federal government. He is an associate professor of Pediatrics at Harvard Medical School.

Jesse Jupiter, MD, recently received the Innovation Prize from the Technical Commission of the *Arbeitsgemeinschaft für Osteosynthese,* an international developer of surgical implants and instrumentation, for devising five new surgical implants to repair bone injuries. The award also recognizes his commitment to advancing innovative orthopædic treatments.

CORRECTION

Eileen O'Brien, the new community outreach worker for smoking cessation at the Bunker Hill Health Center, was misidentified in a photo that ran in last week's *Hotline.* O'Brien, along with Kathleen McGrail, works with the health centers to educate community members about the need to quit smoking. Colleagues Eileen Manning and Eileen McAdams work within the health center communities to increase awareness for breast and cervical cancer prevention and screenings in women of all ages.

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MGH HOTLINE

PAGE 4

WHAT'S HAPPENING

Mail makeover
To continue to receive discounts for postage, beginning July 1 the MGH will be required to comply with new postal regulations. Only envelopes and labels that have typewritten or computer-generated addresses appearing within a designated "address print area" and have no printing, designs or logos in a designated "barcode clear zone" will be eligible for postage discounts. Databases must meet stringent requirements and must be reviewed and approved by a USPS-certified vendor every six months.

Information about the new regulations may be obtained from Mail Services. For information call Michael Fisher at 6-8210 or Dale Parechanian at 6-4368.

Souped up shuttle
To bolster shuttle service to outlying parking facilities and reduce congestion on shuttles between the main campus and CNY, two new, larger buses were added to the Partners HealthCare System fleet last week.

The buses, which are handicapped accessible, accommodate 34 passengers instead of the 21 in the older buses and feature the Partners logo. The smaller buses that were used on the route from the main campus to CNY now will be used on runs to outlying parking facilities to serve employees who have been moved from the front garage as part of the patient-focus parking initiative. While funded through Parking and Commuter Services, the improved service is a joint effort between the Parking Department and the Transportation Department. Direct questions to John Donovan at 6-2250.

Clinical investigation 101
The Introduction to Clinical Investigation course, sponsored by the Clinical Research Program and the Mallinckrodt General Clinical Research Center, will meet from July 8 to Aug. 2 on Mondays, Wednesdays and Fridays from 4 to 5:30 pm. For more information, contact Robin Parsons at 6-3768 or via e-mail *parsons.robin@mgh.harvard.edu.*

Help with homework
While many children and their families are busy wrapping up the school year, MGHers from Child Life, Volunteer and Social services and the Nursing Department already are planning for next year. Beginning in the fall, they will expand the pilot Homework Helper Program that began this spring. The program, designed to link pediatric patients with volunteer tutors, will be open to all pediatric patients, but is especially tailored to those whose repeated hospital stays make keeping up with schoolwork a challenge. The idea came from a satisfaction survey of pediatric patients, who frequently indicated that missing schoolwork was a concern. Those who would like to find out more or offer to volunteer this fall are encouraged to contact Gina Chiara of Volunteer Services at 6-8540.

Spaulding transitional care
Spaulding Rehabilitation Hospital has opened a 37-bed Transitional Care Unit for patients requiring short-term rehabilitation and skilled nursing care. The new nursing unit will enable patients with less complex and intensive medical and rehabilitation needs to benefit from the expertise at Spaulding.

MGH Hotline
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FROM THE ARCHIVES

Pier (re)view

WHEN THE MGH opened in 1821, patients were admitted through the front door of the Bulfinch Building. At that time, the hospital sat on the north bank of the Charles River, enabling some patients to travel to the hospital by boat.

A reminder of the water that once flowed up to today's Bulfinch Lawn still exists. A portion of the original wharf remains visible just below ground level in a small cavity behind the WACC outdoor patio at the junction of the WACC and White buildings.

Below, pilings from the wharf are excavated in 1937 during construction of the White Building.

June 21, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Austen to step down as chief of Surgery

W. GERALD AUSTEN, MD, today announced to the MGH Board of Trustees that he will be stepping down as surgeon-in-chief and requested that a search be initiated to find a successor to lead the hospital's world-renowned Department of Surgery. Austen will remain as surgeon-in-chief until new department leadership is in place.

His successor will become the first W. Gerald Austen Professor of Surgery at Harvard Medical School, a chair established by MGH trustees to recognize the extraordinary contributions and accomplishments of this distinguished surgeon and much-respected institutional leader.

Austen will continue for the present to serve as president and chief executive officer of the Massachusetts General Physicians Organization (MGPO). He will remain active as the Edward Churchill Professor of Surgery at Harvard Medical School, and eventually, he says, he plans to concentrate on writing, teaching and taking on special projects that interest him when asked by MGH or Partners HealthCare System leadership.

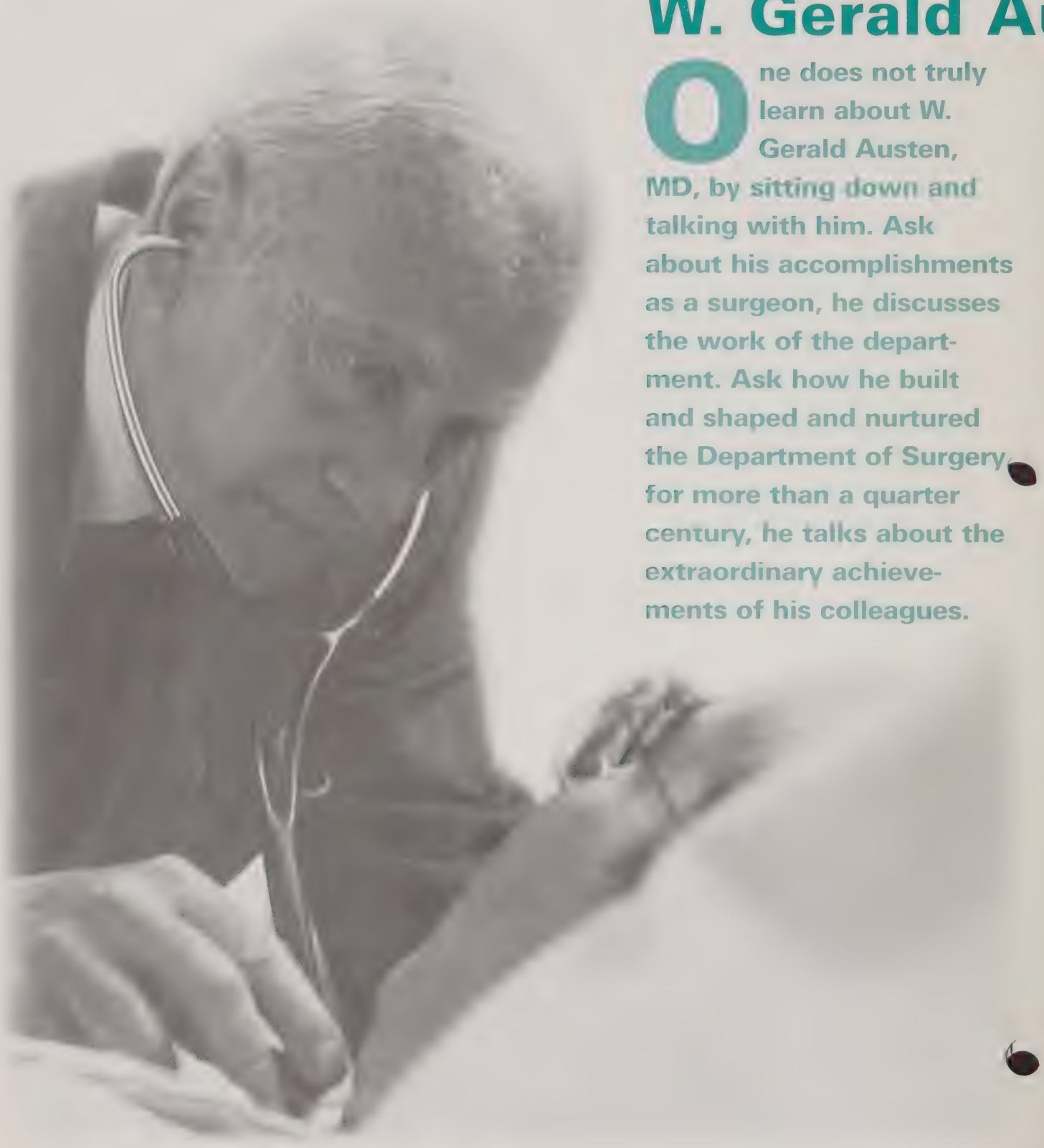
Austen profile, Page 2.

"I've always thought that the time to step down is when the surgical program is doing extremely well," Austen says. "We are fortunate to have an outstanding group of surgeons who collectively are responsible for the strength and reputation of our Department of Surgery. I feel very good about the way in which this department has evolved over the years. I am proud of its accomplishments and

(Continued on Page 6)

Building dedicated in honor of Blake family

The MGH honored Curtis and Patricia Blake June 12 at a dedication ceremony of the Blake Building, which was built thanks in part to a $6 million gift from the Blakes. A group of the Blakes' family and friends — including Curtis Blake's brother, Prestley, with whom he started the Friendly Ice Cream chain in 1935 — toured the building's state-of-the-art patient care units. They then joined a capacity crowd in the solarium on Blake one as Samuel O. Thier, MD, president of The Massachusetts General Hospital, unveiled the plaque that commemorates their generosity to the MGH. *From left* are Patricia and Curtis Blake; Ferdinand Colloredo-Mansfeld, chairman of The Massachusetts General Hospital Board of Trustees; and James J. Mongan, MD, MGH president and chief operating officer.



W. Gerald Au

One does not truly learn about W. Gerald Austen, MD, by sitting down and talking with him. Ask about his accomplishments as a surgeon, he discusses the work of the department. Ask how he built and shaped and nurtured the Department of Surgery for more than a quarter century, he talks about the extraordinary achievements of his colleagues.

Service MGH's grant program supports customer service improvements

THROUGH THE Training and Organizational Development Office, the MGH for the past 18 months has been awarding customer service grants to departmental teams and individuals who have initiated ideas tailored to improve their customers' needs. These grants represent a highly visible outcome of the Service MGH program, which was originally established by the Operations Improvement Steering Committee.

The grants have supported a wide range of worthwhile or beneficial projects, such as a memorial program to assist the oncology team and family members in dealing with the deaths of critically ill patients; supplying toys to pediatric emergency patients to reduce anxiety and provide a diversion during treatment; creating a video aimed at helping outpatients understand managed care; and providing Spanish classes for the obstetrics staff.

One of the more recent grants was given to the Pediatric Intensive Care Unit. Staff members on the unit had long recognized how difficult it was for intubated and some disabled patients to communicate with caregivers as well as with their friends and family. The staff proposed purchasing laptop computers and software that would offer these patients a simple method of communication by using a keyboard of familiar words, phrases and images. Patients can use the mouse or keyboard to answer clinicians' questions or to "speak" with their families.

Employees have until Sept. 1 to submit grant proposals for this fiscal year. The one-page grant application is available through Training and Organizational Development. For information about the Service MGH grant program, call Lisa Taub at 6-2216.

To recognize staff who have received Service MGH grants, the Service MGH team is hosting a display of the proposals that have received funding. More than 30 posters will be exhibited June 26 and 27 in the first floor Ellison corridor across from the MGH General Store and Flower Shop.

Extraordinary heroes

JUST A FEW DAYS after retiring from the MGH as a child life specialist in 1993, Sally Cave, *left*, started a new career at the MGH — as a volunteer. And already she has excelled. Cave was honored with the Jesse Harding Award, Volunteer Services' highest honor, at a celebration June 4 recognizing the contributions volunteers make to the MGH. Cave has already logged more than 1,000 hours as a volunteer, mostly at the discharge desk in the White Lobby.

At the celebration, Patricia Rowell, director of Volunteer and Interpreter Services, said MGH volunteers are "extraordinary heroes — purposeful, loyal, loving and giving individuals ..." who "choose to come to the MGH to volunteer so that the days and experiences of our patients, families and staff are a little easier."

Other volunteers singled out for honors at the event were: Win Barnard, Daniel Bohl, Nancy Buckley, Tom Carroll, Liz Cary, David Fitzgerald, Carolyn Hitsch, Patricia Hooley, Gail Mitton, George O'Brien, Bill Perry, Evelyn Russell, Elizabeth Temin, Joseph Terrell and Elizabeth Weitzel. The nursing staff of Ellison 9 was honored with the Trustees Award for helping to develop a new role for volunteers on the unit.

Last year more than 1,650 volunteers contributed almost 143,500 hours of service to the MGH.

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MGH HOTLINE

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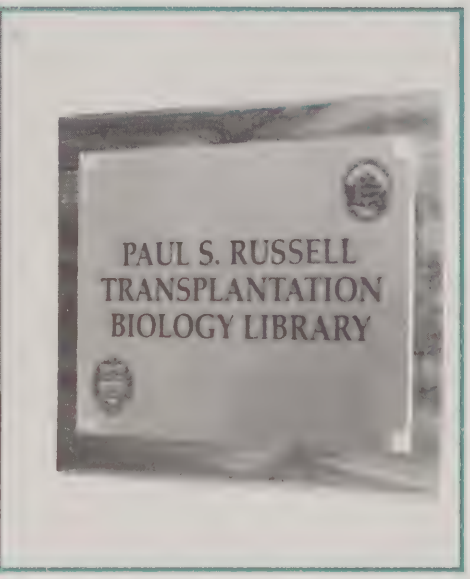

Transplantation tribute

The Transplantation Biology Research Center (TBRC) paid tribute to Paul S. Russell, MD, above, June 10 by naming the center's new library in his honor. "Paul has been a pioneer in the field of transplantation and has played an important role in the establishment of this center," said David Sachs, MD, director of the TBRC. "He has been a teacher, mentor and friend to me, and I am proud to give him this well-deserved honor." The library was begun in 1990 when Russell began donating his bound journals to the center after stepping down as chief of the Transplantation Unit. Russell served as chief of the MGH General Surgical Services from 1962 to 1969 before becoming chief of the Transplantation Unit.

WHAT'S HAPPENING

Spaulding downtown center
The new Spaulding Neighborhood Rehabilitation Center Downtown is adjacent to the MGH Downtown practice at 294 Washington St. Staff members treat work-related injuries, sports injuries and other musculoskeletal disorders. For information or to make a referral, call the center at 4-5044.

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New postal standards
Mail Services will present information, guidance and suggestions about new U.S. mail standards July 1 and 2, from 10 to 11 am and 3 to 4 pm in the auditorium on Blake one. Employees who prepare outgoing mail should bring samples of current or proposed envelopes, newsletters and mailers for evaluation. For information call 6-4368.

Clinical research career paths
"Clinical Research Career Paths," the final panel of the educational series, "Ins and Outs of Academic Medicine," sponsored by the MGH Women in Academic Medicine Committee, is scheduled for June 26, 4 to 6 pm in the Wellman 1 Conference Room. For information contact Carole Davis at 4-2734.

Free diabetes screening for those at risk
The MGH Diabetes Research and Treatment Center is holding a free blood sugar screening for MGH visitors and employees June 26 from 7 am to 2 pm in the Warren Lobby. As part of the Diabetes Prevention Program (DPP), a new nationwide study looking at ways to prevent type II diabetes in people at risk for developing the disease *(see Hotline, June 14)*, the center is seeking study participants with impaired glucose tolerance — higher-than-normal blood sugar levels that can lead to diabetes. After the screening, blood sugar tests will be available by appointment, which can be made by calling the DPP office at 4-3197.

— *Austen*

(Continued from Page 1)

pleased at its direction. Now is the right time to begin thinking about new leadership."

Austen was named chief of Surgical Services at the MGH in 1969, when he was 39 years of age. He was one of the youngest physicians ever to lead a major department at the MGH.

During his more than a quarter century at the helm of Surgery, he guided the program from a single general surgical unit in which surgeons had "special assignments" to a department with nine preeminent surgical divisions: Burn/Trauma Services, Cardiac Surgery, General Surgery, Pediatric Surgery, Plastic Surgery, Surgical Oncology, Thoracic Surgery, Transplant Surgery and Vascular Surgery.

Austen did his internship and surgical residency at the MGH, serving as chief surgical resident in 1960. In 1963, he was named chief of the Surgical Cardiovascular Research Unit, a position he held until 1969, when he became chief of Surgical Services. His title was changed to surgeon-in-chief in 1989. Since October 1994, he also has served as president and chief executive officer of the MGPO — an organization comprising more than 1,000 MGH physicians — that he helped create by unifying several physician groups.

Austen received his medical degree from Harvard and holds an undergraduate degree in mechanical engineering from MIT. He and his wife, Patricia, a former MGH nurse, have three sons and a daughter.

June 28, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Partners, Dana-Farber establish joint oncology fellowship program

AN INAUGURAL GROUP of adult hematology-oncology fellows will begin orientation classes July 1, launching one of the first programs of Dana-Farber/Partners Cancer Care, the proposed joint program between Dana-Farber Cancer Institute (DFCI) and Partners HealthCare System. The DFCI/Partners Hematology/Oncology Joint Fellowship Program is designed to train fellows — fully trained physicians eligible for board certification in internal medicine — to become leaders in hematology and oncology patient care and research. It will unite the diverse resources of three of the world's leaders in cancer care and research to fight against the disease.

"By joining the Dana-Farber fellows with the fellows at BWH and MGH, who have had a combined program since 1995," says Robert J. Mayer, MD, director of the joint fellowship program and chief of the Division of Clinical Oncology at DFCI, "we will unite and make more efficient our means of conveying scientific and clinical information to a generation of extremely bright and talented young physicians while broadening

(Continued on Page 2)

Partners Finance: A family united

MOVING CAN BE TOUGH, especially staying on top of all the details. Moving a family of four would be trying, but moving a group of 400 who are relocating from numerous sites around town to two neighboring homes would be even harder — specially if some of the family members have never lived together before.

A daunting task indeed, but that is what is being accomplished with relatively few glitches in bringing together the MGH and BWH Finance departments into Partners Finance. Building 38 in the

(Continued on Page 2)

Brudnoy announces AIDS research fund

At a news conference June 24, radio talk show host David Brudnoy announced the establishment of the David Brudnoy Fund for AIDS Research at the MGH. "The last time I addressed the media at this institution, I was brought from my hospital bed in a wheelchair and entered the room with a walker," said Brudnoy, referring to his 1994 hospitalization for an AIDS-related illness. "Today I feel great. I've gained 50 pounds, and the AIDS virus is almost undetectable in my bloodstream. The folks here at Mass. General saved my life!" The Brudnoy Fund is part of an effort to raise $10 million in private and corporate support for basic and clinical AIDS research studies at the MGH. Brudnoy, *right*, spoke at the press conference with Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners HealthCare System. Also speaking at the announcement were Deborah Cotton, MD, clinical AIDS researcher, and Bruce Walker, MD, director of the Partners AIDS Research Center.

Friends fund support services for cancer patients and families

The Friends of the MGH Cancer Center recently awarded grants to staff members to fund projects and equipment that improve service to cancer patients and their families. Although grants can be submitted for immediate funding anytime during the year, each spring the Friends offer a formal invitation to staff to submit their ideas. This year's grants were given in support of a variety of projects — all aimed at helping to make life a little easier for cancer patients and their families.

"I like to say that the Friends help to catch things that fall through the cracks," explains Margaret Plumb, president of the Friends. "We are particularly interested in funding requests that improve amenities for cancer patients as well as patient education and family support."

Grants were given to help fund such proposals as a memorial program where nurses can remember special patients, discretionary funds for Social Services to use for emergency transportation, lodging and food for patients' families, and an educational video for parents of young children diagnosed with cancer. In addition, several grants were awarded to help purchase new furniture, educational pamphlets, games and reading materials for lobbies, waiting areas and the Cancer Resource Room.

— *Joint fellowship program*

(Continued from Page 1)

their clinical experience and research opportunities."

As expected, combining two well-established, world-renowned programs presents challenges and complications, especially in its initial phases. When the intention to form Dana-Farber/Partners Cancer Care was announced in January, the MGH and BWH program and DFCI's fellowship program already had independently selected fellows for 1996. This year's transitional program will combine these physicians, forming a class of 18 members, most of whom will rotate among the institutions. The 1997 group has been jointly recruited and will begin in July 1997.

Robert I. Handin, MD, director of the BWH Hematology/Oncology Division and the fellowship program at that institution, says those involved in the fellowship program feel the benefits of merging are worth the effort. "Because each institution excels in different areas and the number and variety of our combined cancer patients are impressive, merging the two programs offers fellows greater exposure to all areas of cancer care and research," notes Handin. "The benefit for the institutions is that we won't have to compete with one another to recruit the best fellows worldwide."

In addition, working together presents broader patient care and educational opportunities. "The breadth, diversity and unparalleled excellence of this program extend from the laboratory to the bedside," explains Frank G. Haluska, MD, PhD, director of the Hematology/Oncology joint fellowship training program at the MGH. "Our goal is to draw upon the combined strengths of our physicians, staff and resources to create a seamless environment for cancer patients with their health and well-being of primary importance."

Formal classroom educational programs for fellows also have been developed. An extensive orientation program is scheduled for the first week in July, a weekly lecture series is being organized, and plans are under way for a comprehensive educational research conference open to all cancer fellows throughout the Harvard system.

"We have developed myriad committees composed of members of the faculty who have given their time to bring the clinical, administrative, educational and research programs together in an effort to construct, organize and design the most exciting and challenging program we can," says Mayer. "Although this program is still in its experimental stages, what the first six months have told us is that it's great fun working together." ●

— *Partners Finance: A family united*

(Continued from Page 1)

Charlestown Navy Yard is the new location for Central Budget, Corporate Accounting, Cost Accounting, Finance Systems, Financial Analysis, Managed Care Finance, Reimbursement, Special Accounting and Special Projects. Patient Accounting will be consolidated in Building 149 along with Accounts Payable.

In July 1995, Partners undertook the first large-scale departmental consolidation in establishing Partners Finance. Catherine Robbins was named Partners vice president for Finance in May 1995 and, with the help of senior managers, brought together the various units at the MGH and BWH. Robert Spiller and James Alwell were named corporate directors. Soon after, the new team of directors was put in place.

"Remarkably, we have been able to meet not only our goals for new locations, but also those for reorganization and appointments nearly on schedule," says Robbins. "While we've been moving toward the vision of Partners Finance we set out a year ago, having staff now working side by side will make that easier."

"It works!" says Alwell of the sunny space in Building 38 that features lots of workstations and modestly sized offices for managers. The staff had a chance a few months ago to pick the color scheme and fabrics — a classic blue and gray. The new Partners Finance space in Building 149 also is being spruced up and redesigned to suit the work needs of staff in that area. The emphasis in design of both of the spaces has been on efficiency, flexibility and the ability to change.

For Richard Yacubian, director of reimbursement, the switch from BWH's Neville House to Building 38 was a big one. "I'd had my office at Neville for 17 years, which is longer than my family has been in its current home," he says. "But after 3,400 identical commutes, I'm welcoming the change."

Barbara Maguire, a veteran of many moves during 20 years at the MGH, says that this move went particularly smoothly. "The hardest part about it was packing up the files we'd accumulated in nearly 10 years in Building 149," she says. "But having everyone from BWH and the MGH who make up Partners Finance together is wonderful." ●

Compliance Help Line introduced

The legal and ethical standards that affect health care institutions continue to grow in complexity and number. As new challenges are placed on those entrusted with ensuring corporate compliance, the responsibility for identifying problem areas falls to every staff member and employee throughout the institution. In response, the MGH is introducing a Compliance Help Line.

The Help Line represents the most recent enhancement of the hospital's compliance program, which includes employee education, formation of a compliance office and development of necessary policies and procedures.

"The MGH is committed to upholding the highest legal and ethical standards throughout the institution," says Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners HealthCare System. "We have both individual and collective responsibilities to adhere to the rules, regulations and principles that govern our actions."

The Help Line offers employees and staff a confidential internal reporting system and informational resource. When attempts to correct problems through usual channels prove difficult or ineffective, employees can report issues in confidence to Maryanne Spicer, director of Corporate Compliance, via phone or house mail. Every report will be investigated and addressed in an appropriate manner. Those making a report can do so anonymously or can provide their names to receive a follow-up report of the investigation.

"With few exceptions, MGH staff and employees adhere to the standards of excellence the institution so highly values," says Spicer. "Unfortunately, there are times when the appropriateness of a specific activity is questioned or an employee's decision or action clearly conflicts with the MGH's legal or ethical obligations. It is the hospital's responsibility to do everything possible to identify any problems or abuses and correct them."

Every individual at the MGH shares the responsibility for identifying internal problems or abuses. Although most of these can be addressed through a report to an immediate supervisor, in some cases this system may not be effective.

Previous attempts to report a problem may not have been successful, or some issues may even involve a supervisor.

"Reporting any breach of standards can be intimidating and the fear of retaliation overwhelming, which could lead to employees believing it is not worth getting involved," Spicer says. "The Help Line serves as a place for MGH employees to report confidentially any significant or sensitive information."

The Help Line represents the most recent enhancement of the hospital's compliance program, which includes employee education, formation of a compliance office and development of necessary policies and procedures. A senior-level Compliance Committee oversees the hospital's overall program to ensure institutional compliance, review internal and external audits and develop appropriate action plans.

Staff or employees are encouraged to report any breach of ethical or legal conduct at the MGH. Confidential, anonymous reports can be filed with Spicer by calling the Help Line at 6-1446 or by sending information by mail to the Corporate Compliance Office, BUL360.

For more information contact Spicer at 6-5109. ●

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MGH HOTLINE

IN GENERAL

Bucknam McPeek, MD, of the MGH Anesthesia Department, hosted a live satellite link from the Etherdome to the 11th World Congress of Anesthesiologists in Sydney, Australia April 14. The segment commemorated the 150th anniversary of William T. G. Morton's demonstration of the use of ether as a surgical anesthetic.

Thomas Fitzpatrick, MD, PhD, former chief of Dermatology, and **John Parrish, MD,** chief of Dermatology and director of the Wellman Laboratory of Photomedicine, have received the American Skin Association's annual Psoriasis Research Award for their contributions to psoriasis research, especially their landmark development of oral photochemotherapy treatment.

The American Academy of Neurology recently presented **Rudolph E. Tanzi, PhD,** director of the MGH Genetics and Aging Unit, with the 1996 Potamkin Prize for Research on Pick's, Alzheimer's Disease and Related Disorders. Tanzi and his colleagues have been involved in the discovery of all three genes associated with inherited, early-onset Alzheimer's.

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WHAT'S HAPPENING

Free breast and cervical cancer screening

The MGH community health centers are participating in a statewide cancer prevention program to provide free breast and cervical cancer screenings and educational programs to women over 40 who lack health insurance or whose health insurance does not cover these tests. According to the American Cancer Society, women over 40 should have mammograms and pap smears on a regular basis, and those over 50 should have both tests every year. The program is sponsored by the Massachusetts Department of Public Health's Bureau of Family and Community Health, in cooperation with the American Cancer Society. For more information, or to schedule an appointment at any one of the three health centers, call the MGH Community Health Associates at 485-6215.

Transportation alert

There will be no shuttle service Independence Day, July 4.

Also, effective July 1, service on the MGH-Prudential-BWH shuttle route will increase from once every hour to once every half hour. The first shuttle will leave the MGH and BWH at 6:30 am and the last shuttle will leave the MGH and BWH at 6 pm. The shuttle at BWH will now stop at the bus shelter located at the corner of Binney and Francis Streets rather than on the PBBH ramp. The bus shelter is adjacent to the Service Center.

The shuttle vehicle also will make a quick stop at the West Plaza Dock to pick up and drop off specimens for the laboratory. No passengers will be allowed to get on or off the vehicle at this stop.

Inquiries regarding these improvements in shuttle services may be directed to John Donovan at 6-2250.

Blood donors needed

With an increase in car accidents and a decrease in corporate blood drives, which account for almost half of the MGH blood supply, the hospital is anticipating a need for blood donations during the summer. Employees and staff are encouraged to donate in the next week at the Blood Donor Center to help maintain a safe and adequate blood supply. For an appointment, call 6-8177 or 6-8165 or go to the MGH Blood Donor Center on Gray 1.

Improved access to radiology services

The Radiology Department has assembled a Quality Improvement Team charged with establishing an efficient, customer-focused scheduling and reception service. Beginning July 1, several changes will be implemented.

Patients will continue to be guided to the second floor with the assistance of White 1 Information Desk and Volunteer Services staff. Once at the second floor, they will be directed to the correct radiology section or to imaging exams and procedure areas.

The new Blake 2 Radiology Suite is preparing to greet all CT Scan patients, and enhanced signage will assist other patients in locating the appropriate area within Radiology.

The staff at the Radiology Service Center at Blossom Court is prepared to take phone orders on all Radiology exams and procedures. The number is 4-XRAY (4-7279). Requisitions for Radiology outpatient procedures can be requested by faxing to 6-8374 or by delivering requests to the Blake 2 Radiology Suite. Requisitions for scheduled inpatients, except for MRI, can be sent with patients when they are transported to Radiology. Requisitions for MRI exams can be faxed to 6-8374 or delivered to the Blake 2 Radiology Suite.

Max Goodman, MD, dies at 64

Max Goodman, MD, a pathologist with the MGH and MEEI for 28 years, died Sunday after suffering a stroke. He was 64.

Originally recruited as director of the MEEI Pathology Department, Goodman served both institutions during his tenure. "Max was a gifted resident teacher and an internationally recognized expert in head and neck pathology," says Robert B. Colvin, chief of Pathology at the MGH. "He will be remembered by all as a wonderful human being, a big man with a big heart." Goodman leaves his wife, Donna, and three children.

A memorial service is being planned for September. Donations in Goodman's memory can be made to the joint MEEI/MGH Residents' and Fellows' Pathology Research Fund through the MGH Development and Public Affairs Office on the fourth floor of 101 Merrimac St.

July 3, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

MGH launches book series; First volume focuses on prostate disease

PATIENTS OFTEN are interested in obtaining as much information as possible about their medical conditions. Each condition, whether genetic or acquired, has its own symptoms, diagnostic tests and treatment plans. But sometimes patients are embarrassed to ask questions or are too devastated by a diagnosis to ask for or comprehend information needed to make informed decisions about their medical care.

The MGH, along with Times Books/Random House Publishing, is helping people get clear, valuable health information. This spring marked the launch of a comprehensive informational health book series by MGH physicians that focuses on helping patients understand the intricacies of common diseases. The first book, *Prostate Disease*, by W. Scott McDougal, MD, chief of Urology, with writer P.J. Skerrett, will be available at the MGH General Store and Flower Shop as well as bookstores across the country.

"BECAUSE OF ITS PREVALENCE, PROSTATE DISEASE WAS CHOSEN AS THE SUBJECT OF THE FIRST BOOK."

"Because of its prevalence, prostate disease was chosen as the subject of the first book," says McDougal. "Medical statistics indicate that the majority of American men will encounter a form of prostate disease at some point in their lives. Whether diagnosed with an inflammation, an enlargement or cancer of the prostate, these men will need to seek medical treatment to alleviate their symptoms and help them understand how to care for their disease." McDougal has found that many prostate

(Continued on Page 2)

MGH, BWH part of residency program in emergency

DESPITE THEIR RANKINGS as level 1 trauma centers and their reputations as two of the busiest emergency departments in the region, the MGH and BWH never have had a formal emergency medicine training program. That changed July 1 when 16 physicians entered the first emergency residency program in the Harvard system. The residents are enrolled in the new Harvard Affiliated Emergency Medicine Residency Program and will rotate among five area hospitals: the MGH, BWH, Beth Israel, Mt. Auburn and Children's.

"Because each institution is nationally renowned for post-graduate education and academic leadership," says Richard Wolfe, MD, director of the joint emergency medicine program, "it made perfect sense to have all our residents rotate through these five primary sites to gain both the experience and knowledge necessary to become board-certified emergency attending physicians."

(Continued on Page 3)

MGH dietitian is named Miss Massachusetts

While studying for her bachelor of science degree in dietetics, Lori Flick, a registered dietitian at the MGH, entered pageants to earn tuition money. Now she is planning to earn her master's degree, and again her success in pageants is helping her pay for her education. Flick was named Miss Massachusetts June 15. In addition to receiving a scholarship, Flick will represent the state in the Miss America Pageant Sept. 14 in Atlantic City. For the talent portion of the national competition, Flick, who has been a gymnast since the age of 4, will perform a gymnastics routine. To fulfill her one year of public service as Miss Massachusetts, Flick will travel throughout the state teaching children the benefits of proper nutrition and a healthy lifestyle. The Miss America Organization provides more scholarship money to women than any other organization in the world.

PARTNERS PROGRESS

MGH, BWH Neurology departments join forces

THE DEPARTMENTS of Neurology at the MGH and BWH have joined to form a Partners HealthCare System Department of Neurology. Anne Young, MD, PhD, currently chief of the MGH Neurology Service, will continue to serve as the chief of the Neurology Service at the MGH. Martin Samuels, MD, currently senior physician in the BWH Division of Neurology in the Department of Medicine, will serve as chief of the Neurology Service at BWH.

In the Partners Department of Neurology, Young and Samuels will serve as co-chiefs, each focusing their efforts on their respective areas of strength. Young will be director of Partners Neurology Academic and Research Programs, and Samuels will be director of Partners Neurology Clinical and Education Programs.

This newly joined department has formed a single residency program and is in the process of forming a single fellowship training program and a single practice plan.

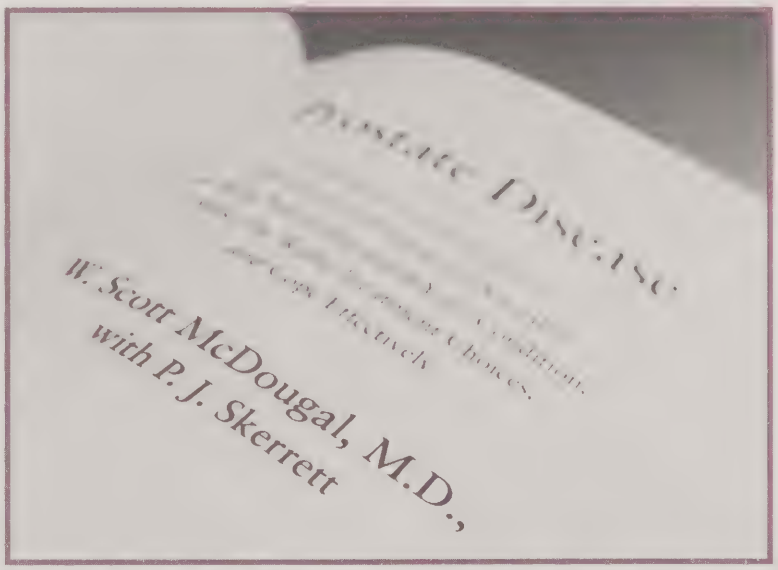
The co-chiefs will be advised by the Partners Committee of Neurology Professors, the Partners Neurology Committee on Appointments and Promotions, the Partners Committee on Neurology Resident and Fellow Training and the Partners Neurology Practice Committee.

Partners will provide the necessary infrastructure for the formation of the single department. This infrastructure will facilitate other clinical integrations within Partners. ●

— *MGH launches book series with focus on prostate disease*

(Continued from Page 1)

patients come to the MGH either not knowing about prostate disease or not having enough information to make an informed decision about the various treatment options available to them. He says, "We hope that this book, and the others in the series, will be able to help fill the informational void that now exists."



The concept for the book series began in 1992 when the hospital was approached by a literary agent to put together a group of books under the hospital's name that would provide health information to a lay audience. Within a year, a publisher, writers and the first group of four topics were chosen to launch the series. "The MGH book series committee, led by Dr. Richard Kitz, Anesthetist-in-chief emeritus at MGH, was steadfast in its support," says Martin S. Bander, editor and coordinator of the book series for the MGH and the hospital's former director of News and Public Affairs. "We worked assiduously to make these the best medical books yet written for lay people. The beneficiaries will be patients and their families all over the world who read them."

In fact, stresses McDougal, it is the patients themselves who make these books important. "Dozens of men told us of their experiences with prostate disease, and we have included their stories in the text," he says. "Without them, there would be no book."

Says Bander: "The MGH physicians, nurses, social workers, therapists, dietitians and patients themselves have been outstanding in their direct and indirect support, which made this success possible. The clarity of the writing and the input of patients and allied health professionals make the MGH series unique."

Several more books are scheduled to be published within two years. The next volume, which will cover menopause, was written by Isaac Schiff, MD, chief of the Vincent Memorial Obstetrics and Gynecology Service, and is scheduled for release around Labor Day. Other books will address diabetes and breast cancer. ●

MGH HOTLINE

Friends unite to fight breast cancer

WHEN Janet Connolly O'Neill, 45, of North Reading, was diagnosed with breast cancer, her friends wanted to do something to help her and other women with the disease. While participating in the Making Strides Walk for Breast Cancer, they devised the notion to form a committee, Friends Fighting Breast Cancer, to raise money for breast cancer research. Their first project, a benefit dance, was held this spring and raised more than $20,000.

Members of the committee — all Connolly O'Neill's friends, family members, neighbors and co-workers — recently gathered at the MGH to present a donation earmarked for the MGH's Center for Cancer Risk Analysis, directed by Daniel Haber, MD. The funds will be used for research to help identify women who are at risk of developing breast cancer and to advance new therapies and interventions for treating the disease.

Pictured in the foreground, *from left*, are Fran Gilardi and Janet Connolly O'Neill, co-chairpersons; Deborah MacDonald, RN, MS, cancer risk genetic counselor; and Connolly O'Neill's physician, Jerry Younger, MD. The Friends Fighting Breast Cancer committee members are in the background. ●

— MGH, BWH part of residency program

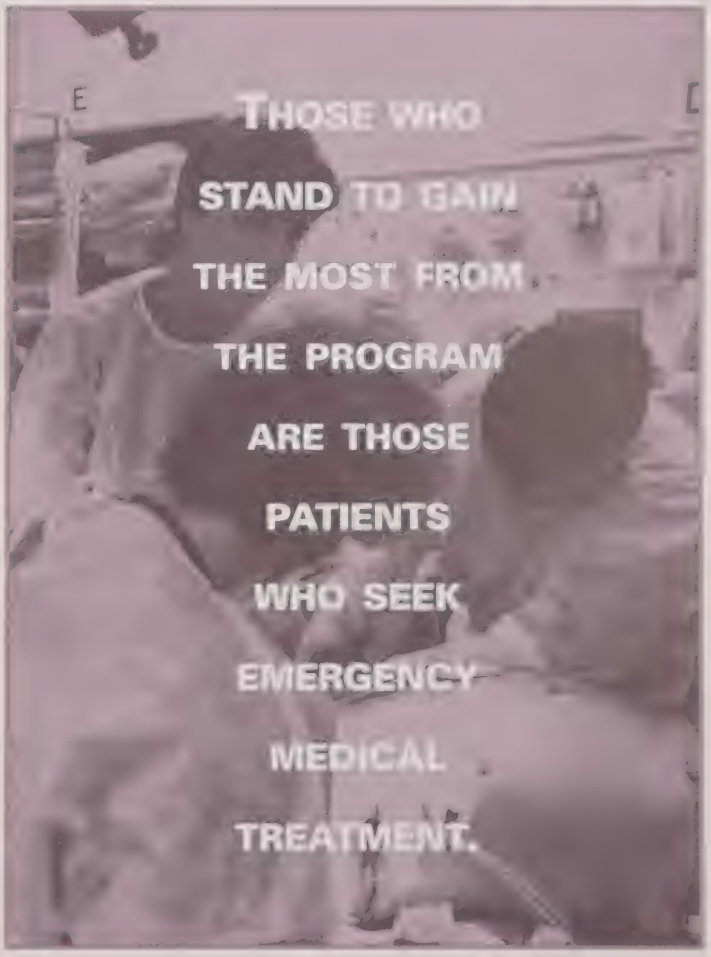
(Continued from Page 1)

Of the 16 residents who have started the four-year program, 12 are first-year residents. The remaining four have entered the program as second-year residents and already have completed preliminary training in other specialties. They will rotate through all areas of the emergency departments at each of the five hospitals and will spend time in other specialty services, including the neonatal and surgical intensive care units.

"Our hope is that our residents will emerge with an extremely well-rounded approach to the care of emergency patients," says Eric Nadel, MD, associate director of the residency program at BWH. "The rotations through the many high-quality services at these hospitals will enhance their educational experience."

The residency program also will offer research opportunities to its residents. "We hope that this new residency will bring us national regard in the research area of emergency medicine," says Jonathan Adler, MD, associate director of the program at the MGH. "Currently, our attending physicians are involved in research both within and outside of the department, and most have published books, chapters or papers in peer-reviewed publications."

Those who stand to gain the most from the program, however, are those patients who seek emergency medical treatment. "With this new residency, we will be educating emergency physicians who eventually may bring their training all over the country," says Wolfe. "Consequently, patients nationwide will be directly affected by this residency program. We have carefully chosen residents whom we feel will complement our practices and grow to be leaders in emergency medicine for the 21st century." ●



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MGH HOTLINE

Timilty: An excellent school

The achievements of students and teachers at the James P. Timilty Middle School in Roxbury have earned the school distinction as a 1996 National School of Excellence from the U.S. Department of Education. The Timilty was one of 266 private and public secondary schools from across the country to gain recognition as an excellent school. The MGH collaborates with the school on an award-winning science mentoring program as part of the MGH/Timilty Partnership. Pictured following the award ceremony in Washington, D.C., are, from left, Madeleine Kunin, U.S. deputy secretary of Education; Roger F. Harris, Timilty principal; seventh grader James Perry; sixth grader Jessica Thompson; eighth grader Dania Miranda; and Timilty teacher Jonathan Cooper-Wiele.

IN GENERAL

Marsha Elixson, RN,C, MS, cardiovascular clinical nurse specialist, delivered a number of presentations recently. At the National Conference of Neonatal Nursing she presented "Cardiovascular Assessment and Treatment of Dysrhythmias" and "Selected Congenital Heart Defects: Essential Findings and Management." At the regional symposium of the American Association of Critical Care Nurses, she presented an update on pediatric cardiac surgery.

The Massachusetts affiliate of the American Heart Association in May recognized **Roger J. Hajjar, MD,** of the MGH Cardiovascular Research Center, as one of its top researchers by presenting him with the Paul Dudley White Award for his search for a gene therapy treatment for heart failure.

Andrew L. Warshaw, MD, of Surgical Services, has been named president-elect of the Society for Surgery of the Alimentary Tract. He has been named to the same post in the International Association of Pancreatology.

The Massachusetts Thoracic Society in May presented **Hermes C. Grillo, MD,** of Thoracic Surgery, with the Henry D. Chadwick Medal for his contributions to the study and treatment of tuberculosis and other thoracic diseases. The Chadwick Medal is the society's highest honor.

MGH Hotline
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Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office, 101 Merrimac St., fourth floor.

WHAT'S HAPPENING

A tradition continues
Families of MGH residents and fellows are invited to renew old friendships and make new ones Wednesdays from July 10 to Aug. 21. For more information, please call Dorothea Rodkey at 484-6310.

Blood donors needed
With an increase in car accidents and a decrease in corporate blood drives, which account for almost half of the MGH blood supply, the hospital is anticipating an increased need for blood donations during the summer. Employees and staff are encouraged to donate at the Blood Donor Center to help maintain a safe and adequate blood supply. For an appointment, call 6-8177 or 6-8165, or go to the MGH Blood Donor Center on Gray 1.

Quality forum
The third meeting of the Quality Forum will be July 11, from 5 to 6 pm in the Blake 1 auditorium. The forum is entitled "The Patients' Experience of the MGH — Using Patient Satisfaction Data to Monitor and Improve Quality of Care." Elizabeth Mort, MD, director of the Quality Measurement, Clinical Care Management Unit, will give an overview of the MGH patient satisfaction program — the first year's experience with the inpatient survey and our plans for future inpatient and ambulatory measurement. The focus of the presentation will be on describing the results to date, discussing ways to use the data to improve performance from the patients' perspective, and describing some of the controversies in the satisfaction measurement field.

The commentator will be Sherrie H. Kaplan, PhD, senior scientist and co-director of the Primary Care Outcomes Research Institute, New England Medical Center in Boston. Kaplan is a leader in the field of patient-centered care and patient satisfaction measurement.

Those with questions, comments or suggestions for future presentations may contact Mort via e-mail or 4-4638.

July 12, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

If walls could speak

Reflections on the Bulfinch Building

IN THE LATE 1960s, a convict on the lam from the Charles Street Jail made his escape through a window in the office of Chief of Medicine Alexander Leaf, MD, on the first floor of the Bulfinch Building. Witness to the event was Leaf's chief resident, a young physician named Samuel O. Thier, MD.

Although Bulfinch's granite walls — newly replastered and renovated as administrative offices — cannot speak, a number of hospital employees can and do, fondly, of their years as medical residents there. The stories they share reflect not only the rich traditions of the hospital but also the inexorable march of medical progress that has taken place.

The first MGH patient was admitted to Bulfinch in 1821, when its indoor plumbing, kitchen and laundry room classified it as one of the most modern hospitals in the world. The demonstration of anesthesia in the fourth-floor Ether Dome brought the Bulfinch fame in the early 1840s, and a decade later the building had doubled in size, with additions framing the porticoed facade. The Bulfinch medical wards closed in July 1977, when medical technology was declared to have officially outstripped the building's ability to adapt to it. In the 156 years in between, the Bulfinch Building was the MGH — at first literally, and then figuratively as more buildings were added to the campus.

Edward Richardson, MD, an MGH neurologist, recalls his first day as an intern in the medical service, in March 1943. At that time, the second floor of Bulfinch was divided into East and West services, and the residents who worked on each service were likewise termed "Easties" and "Westies." An Eastie,

(Continued on Page 2)

PARTNERS PROGRESS

Partners, Dana-Farber formally launch joint oncology program

PARTNERS HealthCare System and Dana-Farber Cancer Institute (DFCI) this week signed a joint venture agreement, formalizing the collaborative program in adult medical oncology that had been announced last January. To mark the "official" launch of the program, leaders unveiled the logo for Dana-Farber/Partners CancerCare, *above*.

DANA-FARBER/PARTNERS CANCERCARE

Dana-Farber/Partners CancerCare is being organized around disease centers that involve oncology specialists from the MGH, BWH and DFCI. Each specific disease center will be collaborative and will incorporate common protocols and treatments that will be continuously reviewed and upgraded as discoveries are made and better approaches are identified, says Bruce A. Chabner, MD, chief medical officer of Dana-Farber Partners CancerCare and clinical director of the MGH Cancer Center.

In addition to collaborative efforts in adult patient care and clinical research, adult oncology training programs at the three hospitals will be integrated to enrich and broaden the educational experience. The first such initiative involves the establishment of a joint medical adult oncology fellowship, which began July 1. ●

Brushing up the CCMU When Clinical Care Management Unit (CCMU) staff moved to Founders 7, they hoped to dress up the blank beige walls of their new quarters with a few prints. The artwork available to them, however, was uninspiring. That is when Barnaby Thomas, insurance coordinator in the CCMU and sometime painter, *above*, volunteered his talent. In his spare time Thomas paints traditional landscapes and has sold some of his work. Next week, after more than 100 lunch hours of work, he expects to apply the finishing touches to the resulting 9-by-12-foot mural of the Bulfinch Building. The CCMU is planning an official opening for mural at a date to be announced.

— Reflections on the Bulfinch Building

(Continued from Page 1)

Richardson remembers the tremendous sense of camaraderie that developed among the interns and residents, who consulted only with those in the geographic area to which they were assigned — both within the medical service and when dealing with the surgical service, which likewise was divided East and West in the Bigelow Building. "Once an Eastie, always an Eastie," he says, noting that the Easties always considered themselves better than the Westies — and vice versa.

George Baker, MD, vice president for Professional Relations, notes that, although it predates his 1956 medical clerkship in Bulfinch, the distinction between Easties and Westies at one time took on a finer point. "Westies were considered the academics; those who were headed to a career at the hospital," he says. "Easties were doctors on their way to private practice. Within a given service, there was tremendous esprit d'corps — based in part on this good-humored rivalry between services."

Many would credit that sense of camaraderie to the physical setup of the patient areas. The third floor housed the Psychiatry Service and an area designated for treating the very sickest patients, and on that floor the East-West distinction did not exist. The second floor, which now houses MGH and Massachusetts General Physicians Organization senior administrators, was set up as four large wards, each ringed with as many as 30 patient beds, separated from one another only by curtains. At the center of these wards were nurses' stations, from which shift nurses could keep an eye on all patients, and residents could do their rounds without ever leaving the room. "As much as we grumbled about the Bulfinch wards when we began rotations there, we all grew to love the convenience and the sense of teamwork that developed not only among residents but across the community of residents, nurses and patients," Baker says.

GIVEN TYPICALLY LONGER LENGTHS OF STAY than those of today, patients developed not only good relationships but often an armchair expertise about medicine. "Patients actually got involved in the care of other patients," comments George Thibault, MD, chief medical officer at BWH, who came to MGH as a medical student in 1968. "It was a wonderful environment to work in." Thibault so enjoyed the atmosphere on the Bulfinch that he traded rotations with another student to stay on the ward when his month there was up.

Thibault wasn't the only one who thrived on the ward atmosphere. When the last patient was moved to Bigelow in 1977, both patients and staff had trouble adjusting to the change. "Patients felt isolated in their single or double rooms, and caregivers found it much harder to keep an eye on patients and develop connections with them," Thibault says. "When we left Bulfinch, there was a sense that we were also leaving a vital and rich part of the hospital's history."

Much of that sense of history has returned with the restoration of the building and the installation of the senior administration there. Larry Martin, associate general director of the hospital from 1974 to 1994 — during the John Knowles, MD, Charles Sanders, MD, and J. Robert Buchanan, MD, eras — and now chairman of the committee to restore the Ether Dome, suggested that Bulfinch house the senior administration as early as the late 1960s. "I never saw it happen during my watch, but it's still rewarding to return and see my dream realized," Martin says. Walking through remodeled space, Martin is able to identify where patient beds and nurses' stations once stood, and even points into an office that once was a utility closet.

Kurt Isselbacher, MD, the director of the MGH Cancer Center and a Bulfinch resident in 1950, boasts a similar recall. "When the administration moved in, I kidded Sam Thier for picking the space he initially chose for his office," Isselbacher notes with a laugh. "In the 40s, that space was called B3, an area where the sickest patients were sent — usually to die." Ultimately, Thier's Bulfinch office was built in a different site.

MANY OF THOSE whose medical careers began in the Bulfinch Building have returned to visit the remodeled space. All have good things to say. Martin notes that he is pleased with how the makeover honors the building's distinguished history. And Thibault appreciates how the restoration has captured the essence of the hospital: "The Bulfinch Building really represented something — being part of a wonderful history and tradition of excellence. That sense of id and teamwork came to represent the MGH as a whole. I truly believe that everyone who went through the Bulfinch experience was permanently changed by it, in a very positive way." ●

MGH HOTLINE

New gloves to reduce latex allergy risks

ADDRESSING environmental concerns in their earliest stages is vital to maintaining a safe and healthy facility. In an effort to prevent potential health problems before they occur, the MGH currently is introducing four new glove products throughout the hospital. The product rollout coincides with a hospitalwide effort to inform and educate MGHers about a wide range of indoor environmental issues.

"The MGH is committed to creating a comfortable and safe environment for its patients, visitors, staff and employees above all else," says James J. Mongan, M.D., president and chief operating officer of the MGH. "It is important to realize that we share a responsibility for recognizing, addressing and ideally eliminating potential environmental problems at the earliest opportunity."

Latex allergies represent a significant occupational health issue specific to the health care field. A number of items commonly used in medicine — particularly gloves — contain latex. Frequent exposure to the compound can lead to allergic reactions, ranging from skin rashes to breathing difficulties or even anaphylactic shock.

In response to staff concerns, senior management assembled the Air Quality/Latex Allergy Task Force (AQLA) to address specific, hospitalwide environmental issues, including latex allergy. The AQLA's Products Subcommittee was charged with expediting the selection and distribution of latex-reduced and latex-free gloves for high-risk and high-use areas. High-quality, interim products were immediately provided in these areas, and the group began addressing glove-related issues throughout the institution.

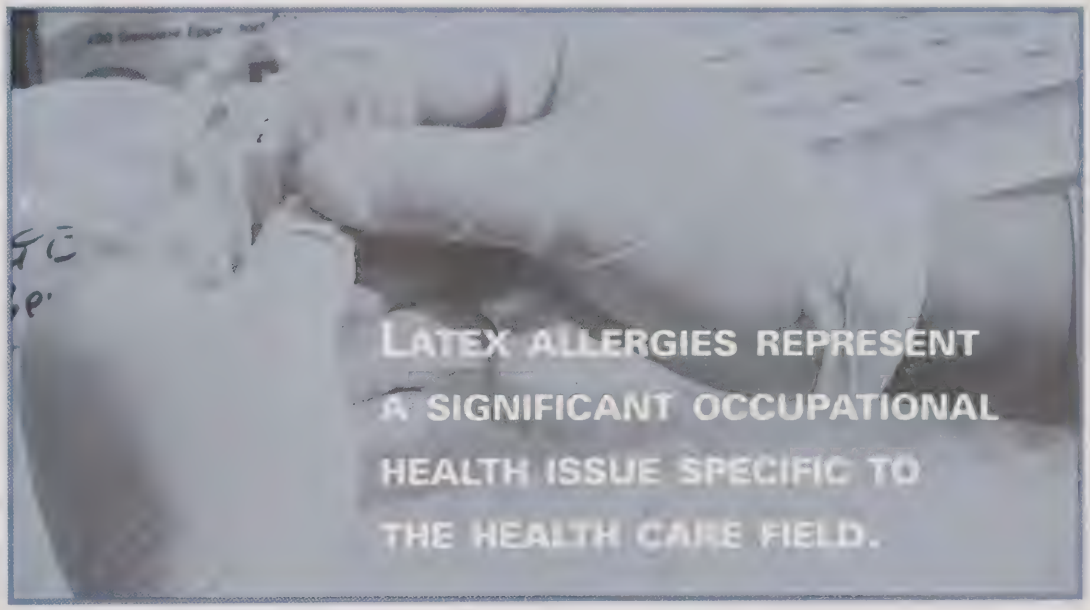
Following research, criteria development, proposal and product reviews, and MGH unit-based pilot studies, the General Executive Committee unanimously approved the group's "best glove products" recommendations. The recommended products also are being used at BWH. Although the MGH will realize a cost increase, the new gloves are viewed as a necessary part of maintaining a safe and healthful hospital environment.

According to James MacLean, MD, MGH Allergy Associates, "It is impossible to remove latex from the hospital environment entirely, but we can lessen our risk of acquiring latex allergies by reducing the use of latex products, particularly gloves."

Prior to the product rollout, which began July 10, the Glove Products Implementation Team kicked off a hospitalwide awareness campaign June 24 with an environmental issues forum. The all-day event was designed to train more than 100 staff representatives from throughout the hospital regarding a variety of indoor environmental issues, including latex allergy and air quality. Attendees then were charged with conveying and distributing relevant information to their colleagues.

According to forum organizer Susan Loomis, RN, Partners corporate manager of Occupational Health: "Environmental health and safety issues typically are very complicated, but early detection can keep problems from escalating. Feedback from the MGH community is really our best early warning system. For communications to be effective, staff and employees need to be aware and informed."

The forum's morning session focused exclusively on latex allergy and included speakers on the signs and symptoms of latex allergy, glove manufacturing and the action plan for distributing the new glove products. The afternoon session addressed air quality issues, including identification of common problems, an overview of air quality investigations at the MGH and a case review. Attendees also were provided with support materials and guidance for bringing key messages back to their units and departments.



For additional materials or information about indoor environmental issues, call the MGH Environmental Help Line at 4-0039. ●

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MGH HOTLINE

Bone marrow transplant reunion

Last month the Bone Marrow Transplant (BMT) Program held its first reunion for patients who have undergone bone marrow and peripheral stem cell transplants at the MGH. Attended by approximately 200 patients, their families and friends, the event reunited many of the patients with their MGH caregivers.

One of the program's first successful marrow transplant recipients was Dianne Smith, 17. Smith, *left*, with Cyndi Campbell Bolduc, BMT coordinator, was diagnosed with aplastic anemia four years ago. She received marrow from her sister in 1993, and is currently a senior in high school.

WHAT'S HAPPENING

Acute stroke consultation
For acute stroke consultations, the Stroke Service can be reached 24 hours a day by dialing 6-7777, beeper 8993. Thrombolytic and neuroprotective therapy is available 24 hours a day. Patients are eligible for therapy up to 12 hours after onset of symptoms, but early recognition and treatment are essential. For non-emergency consultation or more information, call the Stroke Service office at 6-8459.

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IN GENERAL

Andrew Arnold, MD, chief of the Laboratory of Endocrine Oncology, was elected to the Association of American Physicians at the organization's annual meeting in May. The organization is dedicated to the advancement of scientific and practical medicine.

Allan Goroll, MD, of Internal Medicine Associates 8, was elected president-elect of the 16,000-member Massachusetts Medical Society at the organization's annual meeting in May. Goroll will become president of the society, which owns and publishes the *New England Journal of Medicine,* in 1997.

Harvard Medical School recently honored **Kurt Isselbacher, MD,** director of the MGH Cancer Center, with the establishment of the Kurt J. Isselbacher Humanitarian Award in recognition of his "academic achievements, coupled with his remarkable and unfailing compassion in the care of his patients." The award is bestowed upon a graduate who combines "strong academic achievement in medical education and research with outstanding qualities of compassion and service in patient care." The first recipient was 1996 graduate Andrew Jeffrey Greenspan, MD.

Isselbacher also was honored recently by the journal *Masters in Gastroenterology,* which dedicated the summer 1996 issue to a profile of his career and his paper, "Celiac Disease Masquerading as Intestinal Lymphoma — or Vice Versa."

Harvard Medical School has honored **Michael Laposata, MD, PhD,** director of Clinical Laboratories and associate professor of Pathology at Harvard Medical School, and **Leslie Ottinger, MD,** of Surgical Services, director of the MGH General Surgical Training Program and associate professor of Surgery at Harvard Medical School, with teaching awards as extraordinary educators.

Martin Yarmush, MD, PhD, director of The Center for Engineering in Medicine at the MGH, was elected to the Scientific Advisory Committee of the Whitaker Foundation in May. The Whitaker Foundation, a private nonprofit philanthropic organization, supports research and education in biomedical engineering.

Ellen Zane, CEO of Partners Community HealthCare, Inc. and network president of Partners HealthCare System, recently was elected as a trustee at both the MGH Institute of Health Professions and McLean Hospital.

July 19, 1996

MGH HOTLINE

An MGH Olympian

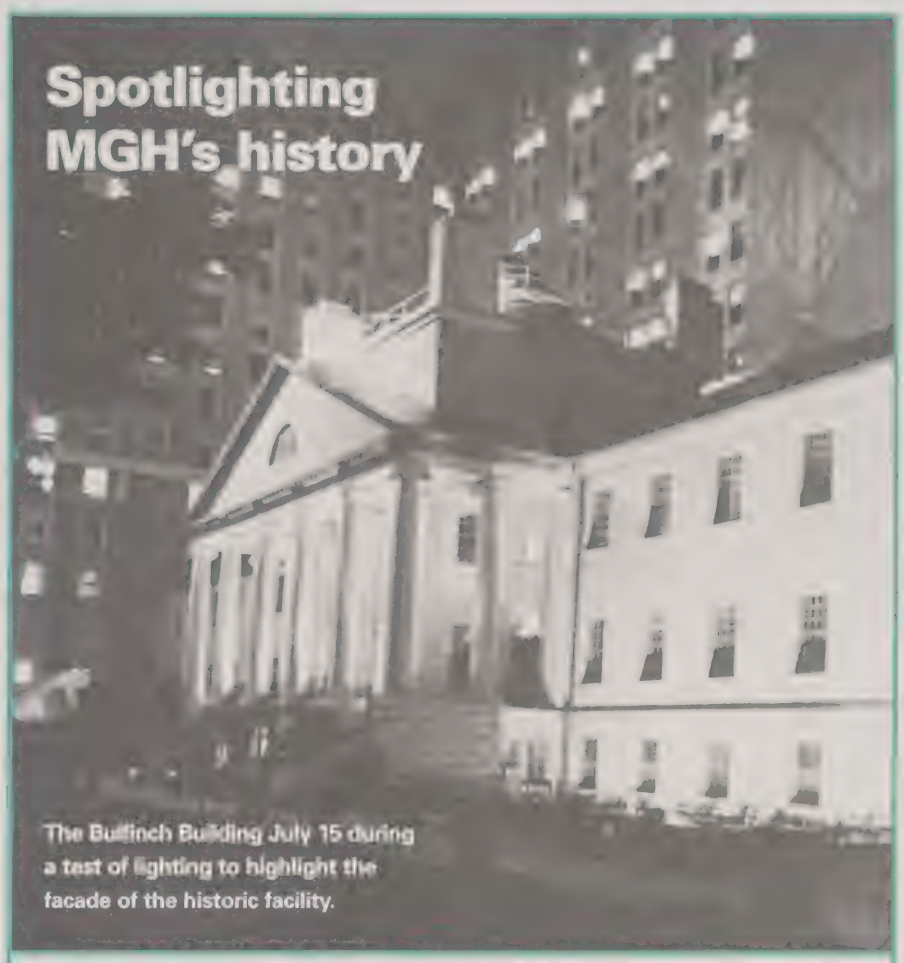
LIKE MILLIONS of other Americans, MGH volunteer Jim McLane will be glued to his television set tonight for the opening ceremonies of the Centennial Olympic Games in Atlanta. Unlike most who will be watching, McLane will be reminiscing about his own participation in the games, an experience that brought him three gold medals and a silver medal.

While a junior at Phillips Academy at Andover in 1948, McLane swam in three events in the London Olympics. "The London games were the first Olympic games since Berlin in 1936," he says. "Imagine being a schoolboy and participating in something like that. It was absolutely phenomenal."

McLane did more than just participate in the 1948 Olympics. He brought home three medals: a gold medal in the individual 1,500-meter freestyle; a silver medal in the 400-meter freestyle; and a team gold for the 800-meter freestyle team relay.

(Continued on Page 2)

Spotlighting MGH's history



The Bulfinch Building July 15 during a test of lighting to highlight the facade of the historic facility.

The Ether Dome in the MGH's historic Bulfinch Building is undergoing significant refurbishment — both inside and out — preparing for the upcoming 150th anniversary of the first public demonstration of the use of ether during surgery.

Renovations to the facility began in early July, and the Ether Dome will remain closed throughout construction. The project will be completed in time for the Oct. 16 anniversary. Renovation plans call for restoring many important elements that reflect the character of the facility as it was in 1846. New windows will be installed at the top of the dome to allow natural light into the room. The current cork flooring will be removed, and new hardwood flooring, similar to the original floor material, will be installed. New paint colors will mimic those of the 1846 era, and closets in the front of the room will be restored to their original design. While the focus is on preserving the historical integrity of the room, the facility will be outfitted with new lighting and modern equipment, enabling it to serve as a classroom and lecture hall — continuing a tradition that has gone on since the MGH opened its doors in 1821.

Watch *Hotline* for more information about the restoration of the Ether Dome and other activities planned for this medical milestone.

Picnic planned to welcome Morgan

The MGH is planning an official welcome for its new president and chief operating officer, James J. Morgan, MD. All employees and staff are invited to a picnic to meet Morgan July 30, 11 am to 2 pm on the Bulfinch Lawn. A reception also is planned July 29 from 10 pm to midnight in the WACE cafeteria during which meeting and night shift employees can meet Morgan and have refreshments.

Morgan, a leading national health policy expert, joined the MGH in late March after serving as executive director of Truman Medical Center in Kansas City, Mo.

Weinberg joins Partners staff

Martha Weinberg, PhD, will join Partners HealthCare System staff this month as vice president for Project Management and chief of staff. Currently Weinberg serves as chief of staff for The Massachusetts General Hospital, which comprises the MGH, the Massachusetts General Physicians Organization, Spaulding Rehabilitation Hospital, McLean Hospital and the Institute of Health Professions. In her new capacity, Weinberg's duties will be planning, development and direction of selected special projects, as well as providing staff and analytical support to Partners executives and managers of affiliated institutions as they undertake Partners initiatives. She also will be involved in recruitment and orientation of senior managers. Weinberg will report to Samuel O. Thier, MD, president of The Massachusetts General Hospital and CEO of Partners.

"Over the past 18 months that Martha has been a part of The MGH corporation staff and my personal team, I have been consistently impressed by her thoughtfulness, intelligence and ease in getting work done," says Thier. "I know that she will be a special asset in her new position at Partners."

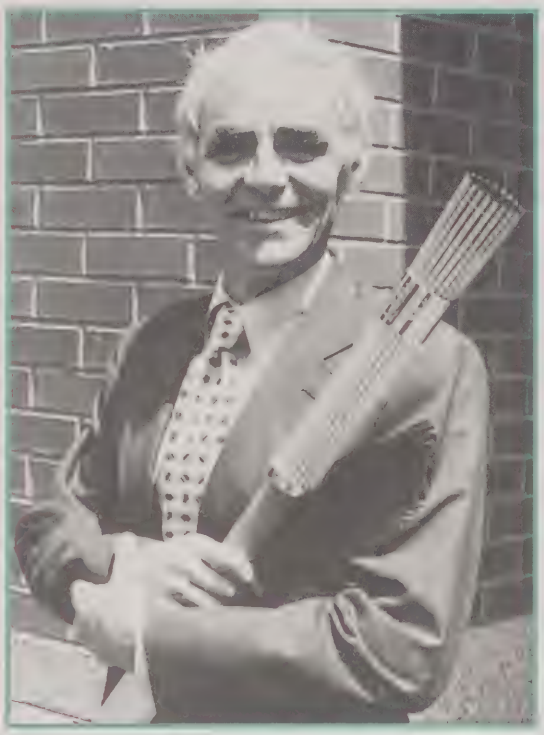
In the course of her career, Weinberg has served on the faculty and been responsible for program and course development at MIT, the Harvard Business School and Brown University. For more than 10 years, she was a consultant on strategic planning and policy to public sector, private sector and nonprofit institutions.

Weinberg is a graduate of Smith College. She earned her doctorate from Harvard University.

— An Olympian at the MGH

(Continued from Page 1)

Four years later, in the 1952 summer Olympics in Helsinki, Finland, McLane and his teammates repeated their gold-medal performance in the 800-meter freestyle relay, setting both a world and Olympic record. McLane, who was captain of the swim team, also placed fourth in the 1,500-meter and seventh in the 400-meter freestyle events.



"Those were just great times," says McLane. "For me, being part of the Olympics was the important thing. Most people tend to fixate on the medals but just participating in the games was the most memorable experience of my life. A day doesn't go by that I don't think about it. To me, that experience is something of nearly mythic proportions."

Now 65, McLane is a retired corporate executive following a career with Time-Life and General Mills. He now works as a volunteer in the MGH Development and Public Affairs Office assisting in fund-raising efforts for the institution.

McLane recently participated in his third Olympic challenge. When the Olympic torch relay passed through Massachusetts last month, McLane carried the well-recognized symbol for one mile through Canton.

MGH volunteer Jim McLane, above, with the 1996 Olympic relay torch. McLane, center at left, receiving the 1948 gold medal in the Men's 1,500 meter freestyle. Below are three of his four Olympic medals.

McLane says he hopes that no one loses sight of the fact that the Olympic Games date back in history to 776 BC and that they are first and foremost an athletic competition despite increased focus on the commercial and political aspects of the games. He says he hopes that the Olympics will continue to inspire a love for athletics among young men and women.

"Sports should be played for the pure joy of them," he says. "The challenge to win should be an inner drive to always better yourself, not just to beat the other guy or to obtain your next endorsement. Participating in the Olympics is the highest pinnacle for any amateur athlete."

MGH Vital Signs: Third-quarter fiscal year 1996

A quarterly status report on five key performance indicators

Admissions are below last year's level and slightly below revised budgeted expectations. (The MGH's budget was revised in May to more accurately reflect expected performance for FY '96.) The downward trend can be attributed to an increase in observation stays *(see below)* and reduced use of inpatient services as a result of managed care. The hospital's expanding primary care capacity and affiliations with other primary care providers in the region are expected to offset much of the decrease.

Current actual:	25,425
Current budgeted:	25,474
FY '95 actual:	26,191
Patient days	169,818
Surgeries	12,283
Births	1,032

Five-year trend

Length of stay is on target and shows a favorable trend downward from last year. Much of this downward trend can be traced to the Case Management Program and recommendations of the Operations Improvement clinical design teams, among the most effective of which are clinical pathways, protocols comprising the "best" clinical practices for certain diagnoses or procedures.

	Days
Current actual:	6.68
Current budgeted:	6.74
FY '95 actual:	7.23

Five-year trend

Average daily census has been declining for several years as the number of inpatient admissions falls and inpatient stays shorten. The average daily census is a key driver for the number of operating beds set up and staffed. Closely matching the number of beds in operation to the inpatient census enables the hospital to operate more efficiently. Many of the beds not filled with inpatients are being used for observation stay patients.

Current actual:	619
Current budgeted:	626
FY '95 actual:	693
Beds in service	843
Occupancy rate	73.5%

Five-year trend

Outpatient visits, excluding those associated with Massachusetts General Physicians Organization practices, are on budget, but they remain below last year's level. While outpatient volume is currently lower than hoped for, MGH leadership remains optimistic about future growth as a result of aggressive expansion of the hospital's primary care network.

Current actual:	460,827
Current budgeted:	460,408
FY '95 actual:	467,096
Surgeries	8,908
Clinic visits	269,358
Health center visits	136,628
Emergency visits	54,841

Five-year trend

Observation stay patients are the fastest growing patient population at the MGH. Patients who are admitted for observation are treated with the same level of care as inpatients but typically stay less than 24 hours. While growth in this area is favorable, the hospital is reimbursed for observation stays at only half the rate it receives for comparable inpatient care. Observation stays represent the largest segment within the Bedded Outpatient Program, which also includes chemotherapy infusion patients and patients recovering from surgical procedures.

Current actual:	3,795
Current budgeted:	3,394
FY '95 actual:	701
Chemotherapy infusion	519
Routine post-procedure recovery	1,151

Five-quarter trend

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MGH HOTLINE

IN GENERAL

John Parrish, MD, chief of Dermatology, director of the Wellman Laboratory of Photomedicine and director of the MGH-Harvard Cutaneous Biology Research Center (CBRC) at Charlestown Navy Yard, was a panelist at a scientific session at a women's health conference in Washington, D.C. earlier this month. The conference, "Mind/Body Interactions in Health and Disease," was part of a U.S. Public Health Service series of women's health conferences and was underwritten by Shiseido, Japan's leading cosmetics company and chief sponsor of the CBRC. **Tatsuya Ozawa, PhD,** senior executive director of Shiseido and executive associate director of the CBRC, also spoke at the conference.

MGH Hotline
is published weekly by the MGH Development and Public Affairs Office.

Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office, 101 Merrimac St., fourth floor.

WHAT'S HAPPENING

Chickenpox vaccine available

Adults who have never had chickenpox are at risk of infection and increased risk of complications. Now a vaccine against chickenpox (Varivax) is available. Vaccination will help most people avoid infection and its side effects, such as an itchy rash and nausea. In addition, adults who contract chickenpox can be out of work for two weeks or more.

Those who have not had chickenpox can be tested to determine if they are susceptible. Those who are susceptible can be vaccinated against the virus. Both blood tests and the vaccine are available free to employees and staff through the Employee Health Service. For more information or to schedule an appointment, call the Employee Health Service at 6-2217.

Minority summer research trainee presentations

The Office of Minority Health Professions will host the first 1996 Summer Research Trainee (SRT) presentations July 26, 1 to 3 pm, in Burr Conference Room 5, Bartlett Extension, third floor. The SRT program began in 1990 to identify minority candidates for careers in science at an early stage and expose them to opportunities in biomedical research and clinical medicine. For information call 4-3831.

Marjorie K. Ionta Lecture

Henry Mankin, MD, MGH Orthopædic Surgery, will present "The Contributions of Research to the Treatment of Musculoskeletal Disease" at the MGH Institute of Health Professions' 14th annual Marjorie K. Ionta Lecture, July 24, 5:30 pm, in the auditrium on Blake 1. A reception will follow. For more information, call 6-8009.

AMMP scholarships

To assist MGH minority employees in obtaining a professional certificate or an associate's, bachelor's or master's degree, the Alliance of Minority Professionals (AMMP) offers academic scholarships. Applications must be received by Aug. 15. For information contact Denella Clark, chairperson of AMMP public relations, at 4-9766.

MGH mail

The Post Office recently updated its zip code directories. Those with questions regarding the use of the complete internal and external addresses on stationery, envelopes, business cards, etc. should call Dale Parechanian at 6-4368.

Saving money on copying

Copy services once provided internally at both the MGH and BWH now are provided by Partners HealthCare System through IKON Office Solutions, formerly A-Copy. IKON will service all departmental copying needs for approximately two cents for each plain paper copy. Color copying, binding and other specialty services also are available. IKON will pick up and deliver and offers a 24-hour turnaround time for most orders. To reach IKON call 4-1722 or stop by IKON's copy center office, Founders 021. For general questions about the copy centers call John Couris, Partners Materials Management at 6-1608.

In addition, a new cost-per-copy program to reduce costs and standardize equipment will be phased in by IKON over the next three years, eliminating the need for departments to lease copying machines. Each department will receive a new copier and will be billed for copies instead of paying a yearly rate to lease copying equipment. This charge for copies will cover all machine costs, maintenance and supplies, excluding paper. Partners will not own the copiers, eliminating the need to spend limited capital funds to purchase constantly changing copier technology. For questions about the departmental copy program call Greg Kelly at Partners Purchasing at 6-8094.

Standard Register still handles form management for the MGH. The customer service center remains at Founders 021, and the number remains 4-1717.

July 26, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

A little creative license

"THE WORLD OF orthopædics has been 'Mankinized,'" declared the man who introduced Henry Mankin, MD, former chief of Orthopædic Surgery, at this year's Osgood Oration.

A little poetic license notwithstanding, the Osgood Celebration May 31 followed in the tradition of the previous 16 years with a full day of scientific presentations topped by the Osgood Oration, usually given by a visiting professor. One major difference this year: The keynote speaker, Mankin, would be delivering his last speech as chief of the Department of Orthopædics.

Henry Mankin, MD

After nearly 25 years building the MGH's world-renowned Orthopædic Service, Mankin stepped down July 1 from his role as chief and is now focusing more time on his patient care, research and teaching roles. To honor Mankin, hundreds of current and past orthopædic residents and surgeons came to the celebration from across the nation to hear Mankin deliver his Osgood Oration, entitled "My Heroes and Their Deeds." The Osgood celebration is named for Robert Bailey Osgood, MD, who became MGH chief of Orthopædics in 1919 and the first chair of Orthopædics at Harvard Medical School in 1924.

In his address, Mankin reflected on

(Continued on Page 2)

Picnic to welcome Mongan July 30

See Page 2 for details.

MGH family rallies around Haitian patient

IN STARK CONTRAST to his younger cousin, who giggles constantly and bounces around the room, 3-year-old Olivier Masson, *below*, lies quietly on his bed, IV lines taped to his small hands. Olivier knows no English, and he doesn't know where he is. He doesn't know that he was flown to the MGH's Pediatric Intensive Care Unit from his native Port au Prince, Haiti, or much about his care here — hemodialysis to combat acute kidney failure and a variety of medical supports to stem central nervous system complications.

Olivier is one of an estimated 200 Haitian children to be felled since early June by the effects of diethylene glycol poisoning through a tainted supply of a liquid cold medication. More than 60 children are believed to have died. Like many of the other children who fell gravely ill, Olivier took the medication for more than a week.

Most of the afflicted died of acute kidney failure or its complications, which can include central nervous system impairment, liver failure and pancreatic failure. The University Hospital in Port au Prince was able to offer only minimal treatment to the earliest victims, and most died. As the number of cases climbed, hospital and government officials looked to the United States for assistance.

On June 20, Julie Ingelfinger, MD, MGH chief of Pediatric Nephrology, received

(Continued on Page 3)

Olivier Masson at the MGH before his health and spirits began to rebound.

Picnic to welcome Mongan

THE MGH WILL WELCOME James J. Mongan, MD, its new president and chief operating officer, at a summer picnic July 30 from 11 am to 2 pm on the Bulfinch Lawn. (In case of rain, the picnic will be held on Blake 8.) Extra shuttle service will be available to the main campus from MGH's community health centers and CNY.

In addition, a reception is planned July 29 from 10 pm to midnight in the WACC cafeteria for evening and night shift employees. All employees, staff and volunteers are invited to attend either event to meet and welcome Mongan.

Because a complimentary lunch will be served at the July 30 picnic, many of the MGH's regular food service areas will be closed for the day. Those service areas closing include the Bulfinch Patio ice cream cart and hot food line, the outside barbecue on the WACC Patio, and the quick pick line inside the WACC. The WACC's Sweet Stop will be open in the morning but will close at 11 am. The Hard Hat Cafe hot food line, deli and salad bar, and the Walcott Room service area will remain open.

Partners statement regarding discussions with NEMC

SEVERAL MONTHS AGO, the leadership of New England Medical Center (NEMC) asked to begin discussions with Partners HealthCare System about the possibility of the two institutions working more closely together in the future.

In these discussions, the option was introduced of Partners becoming the strategic partner NEMC has sought. Both parties understood not only that NEMC might wish for a limited period of time to continue to investigate other partnership options, but also that Partners might need to end the negotiations because of its need to commit time, attention and resources elsewhere.

While Partners expects to maintain its collegial relationship with NEMC, it has become necessary for Partners to take the partnership option off the table. At this point, Partners will, independent of NEMC, plan for its future in a way that furthers its missions of excellent patient care, teaching and research, and service to its communities.

— A little creative license

(Continued from Page 1)

scientific, medical and orthopædic leaders who have inspired him, much the way, some speculate, future lecturers may invoke Mankin's name when listing their own heroes. It is Mankin's skill and talent as a surgeon, researcher and leader that have separated him from the pack — that and his unusual ability to reach patients and pupils in a manner uniquely Mankin.

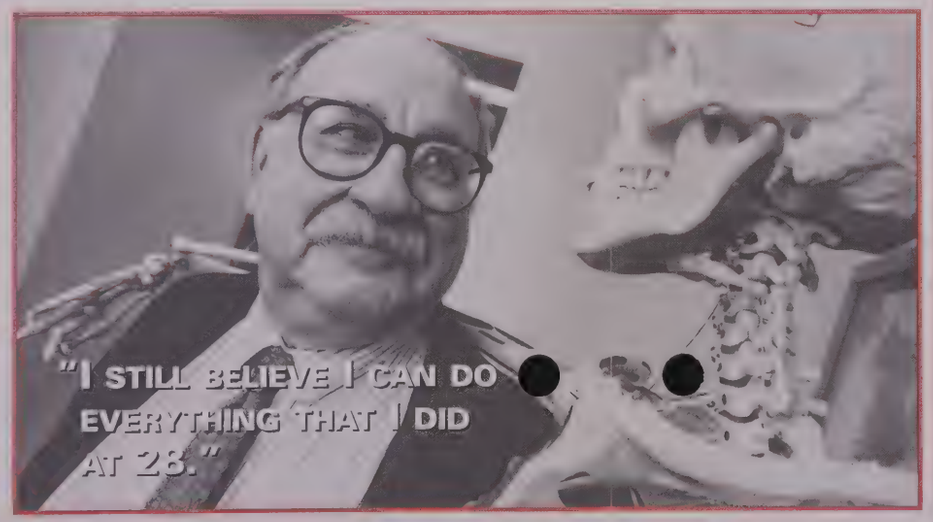
Mankin has, over his tenure at the MGH, sat down to a 6:30 am breakfast in the hospital cafeteria with orthopædic trainees more than 4,000 times. He explains, "Meeting for breakfast every day gives us a chance to review what we're learning, discuss difficult cases and get to know one another."

Mankin's students talk about him with a mix of fondness, awe, fear, gratitude and, especially, respect. When his patients refer to him they note his compassion and warmth. When his colleagues talk about him they acknowledge that, although at times he can be a little headstrong or outspoken, they hold him in the highest esteem, as a friend and as a physician. MGH surgeon-in-chief, W. Gerald Austen, MD, who also is the CEO and president of the Massachusetts General Physicians Organization, calls Mankin, "the premiere academic orthopædic surgeon in this country over the last 15 or so years. He has built one of the truly great departments of orthopædics."

In closing his presentation at the Osgood Oration, 67-year-old Mankin flashed a slide on the screen of him and his wife, Carole — who serves as a librarian at Treadwell Library and has been an active hospital fundraiser — decades younger. "That's how I see myself," says Mankin, who continues to operate two or three days and see more than 60 patients each week. "I still believe I can do everything that I did at 28."

That belief, along with his love for the department, made leaving his post as chief difficult. But despite the change in roles, Mankin speculates that without the administrative duties, the coming years may be his most productive ever — teaching, learning and caring.

"Henry Mankin has built an outstanding department," says William Tomford, MD, who will serve as interim MGH chief of Orthopædics until a single chief is identified to lead orthopædics at Partners HealthCare System. Tomford, who has worked with Mankin for the past 25 years, says, "I am pleased and honored to be taking on the role of interim chief and hope that I will be able to carry on the tradition of excellence Henry has brought to Orthopædics at the MGH." ●



— MGH family rallies around Haitian patient

(Continued from Page 1)

word of the crisis through a pediatric nephrology Internet group and arranged for the MGH to accept up to two patients for hemodialysis and other care. Ingelfinger worked with representatives from Haiti, the University of Michigan, UNICEF and the International Service of Hope to identify a patient able to withstand the long flight to Boston. Olivier and his mother arrived at the MGH July 1.

After four days of hemodialysis, Olivier's kidneys began to recover, but he had suffered cranial nerve damage that caused facial paralysis and temporarily left him unable to speak or swallow. "We were concerned that his condition continued to deteriorate even after the kidney failure had been reversed," Ingelfinger says.

"Though chemically similar to propylene glycol, which often is used in preparing liquid medications, diethylene glycol is extremely toxic, even in small doses. Its effects on these children were devastating, and we felt it was important as a humanitarian institution to send the message to Haiti that we wanted to help."

Rita Swinford, MD, accompanied Rulan Parekh, MD, of the University of Michigan, to deliver that message in person. Swinford, also an MGH pediatric nephrologist, recently returned from Port au Prince, where she spent one week treating victims of this epidemic and training local physicians to identify and manage its effects. "Hospital conditions in Haiti are minimal," Swinford says. "Providing basic medications and sanitary conditions is an enormous challenge, and malnutrition is common. Educating local citizens to the epidemic was probably the greatest value we were able to provide."

Olivier responded well to medical treatment, and he and his mother were bolstered by the emotional support of the hospital's Haitian community, which brought food, gifts and attention and acted as translators of Olivier's complex medical information. The Massons, however, continue to face great adversity at home. Olivier's father is disabled and cannot work. His mother, Darlyne, fears for her job because she has been absent for four weeks and does not know if her position will be there for her when she returns. One of Olivier's two siblings, a 2-year-old sister, is ill. On July 14, Darlyne learned that the family's house in Haiti had burned to the ground, and all of their possessions were destroyed. To aid the Masson family, Susan Zigelbaum, LICSW, Olivier's social worker, has helped the family establish a fund. *(For more information, call Zigelbaum at 4-5755.)*

A greatly improved Olivier was discharged July 19 and returns to Haiti today. His MGH caregivers expect him to make a complete recovery. They will keep in contact with UNICEF in the event another of the epidemic's young victims requires assistance. ●

JCAHO affirms BWH's accreditation, with recommendations for improvement

BASED ON VISITS made to BWH to collect additional information about a medication error committed by an agency nurse that may have contributed to a patient's death last December, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) decided July 25 to affirm BWH's accreditation, with recommendations for improvement, effective June 29.

BWH's immediate and thorough investigation and response to the situation convinced JCAHO that everything had been done to prevent such a human error from occurring again. As such, the JCAHO did not require any additional improvements above and beyond those that BWH already made early this year to its systems for screening agency nurses for their level of care competency and the administration of potassium chloride. BWH was issued a conditional accreditation in retrospect by the JCAHO for the period March 17 through June 28, the interim period between their two site visits. The conditional status was issued because the incident was considered a "sentinel" or serious event.

The initial incident involved a critically ill BWH patient who received too rapid an infusion of potassium chloride and subsequently died. An immediate and thorough investigation of the incident determined that the agency nurse caring for the patient did not follow the nursing protocol for the administration of the drug. Although it was not possible to know whether the patient's death was caused by the medication error, a number of corrective actions were initiated to prevent such an error from occurring again. ●

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MGH HOTLINE

IN GENERAL

The European Association of Plastic Surgeons honored **Jeffrey Morgan, PhD,** assistant biologist in the MGH's Center for Engineering in Medicine, with its annual award. Morgan was cited for his pioneering work on the genetic modification of cultured keratinocytes of the skin and their potential application to wound healing and tissue repair. Morgan delivered the honorary lecture at the group's annual meeting in Innsbruck, Austria. The title of his presentation was "Engineering Genetic Strategies for Tissue Repair."

At its 25th anniversary dinner, the administration of the North End Health Center presented **Mary Leary,** director of the MGH Community Health Associates, with an award for her work promoting the importance of community health centers. The health center has grown over the years from a small grassroots effort by neighborhood providers to a full-scale community health program with more than 70,000 patient visits each year. Physicians at the North End Health Center have admitting privileges at the MGH.

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MGH and BWH physician directories readied for distribution

FOR THE FIRST TIME in history, the MGH and BWH now have companion physician directories that include all necessary referral information, comprehensive descriptions of the clinical, educational and research activities of the hospitals, and profiles with photographs of virtually all clinical staff, not including residents and fellows.

"This is an important and long needed marketing tool to help the MGH and BWH in their efforts to be more accessible to referring physicians," says Anne J. Dubitzky, MGH and Massachusetts General Physicians Organization vice president for managed care contracting and planning.

Distribution will begin during the last week of July and is expected to take about two weeks. Clinical staff, senior management and other key administrative personnel will receive a box containing both the MGH and BWH directories. Materials Management and volunteers will hand deliver boxes to named addressees. Due to the cost and limited supply of the directories requests for additional copies will be evaluated on a case-by-case basis.

The directories also will be distributed through the mail just after Labor Day to approximately 13,000 referring physicians throughout New England and upstate New York.

"This project was truly a cooperative effort by staff from both the MGH and BWH and is the tangible result of at least a year-long process," says Laura Cutler, project coordinator.

The design and production of the directories were accomplished by a joint MGH/BWH committee that included representatives from the MGPO and MGH Development and Public Affairs.

For more information contact Cutler at 4-2838.

WHAT'S HAPPENING

MGH Chelsea Health Center gets new name, address

After more than 20 years at its Bellingham Street site, the MGH-Chelsea Memorial Health Center, now known as the MGH Chelsea HealthCare Center, is moving to larger and newer quarters at 151 Everett Ave., across from the Mystic Mall. The move is scheduled to begin Friday afternoon, Aug. 2, and will be completed by Monday morning, Aug. 5. During this time, the Emergency Department at the Bellingham center will continue to see patients until 11 pm Saturday, Aug. 3, at which time the new Urgent Care Center at 151 Everett Ave. will begin seeing patients. The health center will reopen for routine medical appointments Tuesday, Aug. 6. Telephone numbers for all departments remain the same. For more information about the move, call the health center at 884-8300.

MGH1996 — summer issue

The summer issue of *MGH1996,* the hospital's quarterly magazine, will be published next week. In addition to news and feature articles, this issue will include fiscal year 1995 financial and statistical information for the MGH, the MGPO, Spaulding, McLean and the Institute of Health Professions. Issues of *MGH1996* will be available at sites throughout the MGH while supplies last. Copies may be picked up at information desks on the main campus and at the CNY security desk.

Ice cream for blood donors

As a special thanks for blood donations, the MGH Blood Donor Center will give a coupon for a free ice cream from Friendly's on the Bulfinch patio to employees who donate blood. Donations may be made anytime during business hours, Monday, Tuesday, Thursday and Friday from 8:30 am to 4:30 pm and Wednesdays from 8:30 am to 7:30 pm. For more information call 6-3618.

AMMP scholarships

To assist MGH minority employees obtain a professional certificate or an associate's, bachelor's or master's degree, the Alliance of MGH Minority Professionals (AMMP) offers scholarships. Applications must be received by Aug. 15. For information contact Denella Clark, chairperson of AMMP public relations, at 4-9766.

Rehabilitation nursing course

A 12-week course for nurses specializing in rehabilitation — Rehabilitation Nursing: Process and Principles — will be offered this fall. Co-sponsored by the Nursing departments of the MGH, Spaulding Rehabilitation Hospital, the MGH Institute of Health Professions, BWH and the Shaughnessy-Kaplan Rehabilitation Hospital, the course carries 27 contact hours and will cover current trends, research and clinical practices. The class will meet Tuesdays from Sept. 17 to Dec. 3, 4 to 6 pm, at Spaulding. For information call Sheila Golden-Baker at 720-6540.

August 2, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

A new director of OI

OPERATIONS IMPROVEMENT — an ongoing process involving hundreds of MGH employees who are collectively re-engineering the way the MGH works — has a new director: Elizabeth A. Mort, MD, MPH. Mort, a practicing primary care physician in Women's Health Associates, also has been named director of the Decision Support Unit in the MGH Clinical Care Management Unit (CCMU).

Operations Improvement

"I'm delighted that we have found such an excellent new leader for the continuing activities of Operations Improvement," says Peter Slavin, MD, MGH chief medical officer. Slavin praised the outgoing director, Jean

(Continued on Page 2)

MGH places third in U.S. News hospital survey

THE MGH AND BWH again earned spots on the *U.S. News and World Report* "Honor Roll" of top hospitals throughout the nation. Ranked third overall, the MGH placed in the top 20 in all specialties in which it has a program, including first place in endocrinology and psychiatry. BWH ranked eighth overall.

"The MGH's high ranking is a tribute to the talent, expertise and commitment of employees and staff in departments across the hospital," says James J. Mongan, MD, MGH president and chief operating officer.

Of the 1,961 medical centers included in the survey, MGH placed among the top 20 hospitals in 13 specialties *(see chart at right)*. BWH made the top 40 list in 10 specialties *(see chart, Page 3)*. MGH affiliates also fared well. McLean Hospital was rated third among America's psychiatric

(Continued on Page 3)

MGH rankings

Overall	3
AIDS	3
Cancer	11
Cardiology	3
Endocrinology	1
Gastroenterology	3
Geriatrics	3
Gynecology	5
Neurology	2
Orthopedics	2
Pediatrics	10
Psychiatry	1
Rheumatology	4
Urology	5
McLean Hospital	
Psychiatry	3
Spaulding Rehabilitation Hospital	
Rehabilitation	12

MGHers meet Mongan

MGH's new president and chief operating officer, James J. Mongan, MD, left, greeted thousands of MGHers earlier this week at two informal events that enabled employees and staff to personally welcome the new leader to the MGH. At a reception Monday from 10 pm to midnight, evening and night shift employees enjoyed pastries and fruit salad while chatting with Mongan. A complimentary picnic lunch and warm, sunny weather were enjoyed by the employees and staff who met Mongan the next day on the Bulfinch Lawn.

New health center facility

For more than 20 years, the MGH Chelsea Memorial Health Center on Bellingham Street has been a major health care provider for the community. The doors of that site are about to close, however, and the doors at a new, state-of-the-art facility are about to open at 151 Everett Ave., across from the Mystic Mall. On Tuesday, Aug. 6, clinicians will begin seeing patients at the new facility, which is accessible by MBTA buses. For more information about the health center's relocation, call 884-8300.

The Emergency Department at the Bellingham site will close at 11 pm Friday; the new Urgent Care Unit on Everett Avenue will begin seeing patients in need of emergency care at that time.

A new director of Operations Improvement

(Continued from Page 1)

Elrick, MD, who is assuming a new position on the Partners level. "Dr. Elrick has done an outstanding job," he says, "and Dr. Mort is in a perfect position to continue Jean's track record of Operations Improvement success."

W. Gerald Austen, MD, surgeon-in-chief and chief executive officer of the Massachusetts General Physicians Organization, calls Mort's appointment "a singularly excellent and appropriate choice to lead Operations Improvement in its mission to ensure the excellence and success of the MGH in the future."

Says James J. Mongan, MD, MGH president and chief operating officer: "Operations Improvement is already making a difference at this hospital, and it will continue to be of the utmost importance in securing a future of excellent patient care. I am delighted that we have been able to recruit someone with Dr. Mort's skills and experience. I am confident that OI is in good hands."

Mort's excitement and enthusiasm for her new position are palpable. She begins speaking slowly but her words quickly accelerate to an outpouring of thoughts and ideas that never seems to waver in its rapid-fire precision.

"It is an honor and privilege to be a part of this effort," Mort says. "I'm looking forward to working with the team leaders, the project managers and all the members of the teams who are working on this important process."

Elizabeth Mort, MD, MPH

As director of the Decision Support Unit in the CCMU, Mort will oversee the collection, analysis and reporting of performance measurement and monitoring information.

"OPERATIONS IMPROVEMENT LONG HISTORY AS A PREMI THE INSTITUTION NEEDS TO ORGANIZATION AS WELL."

"This kind of performance monitoring is becoming very important among health care organizations," Mort says. "We need data and information to guide our planning and implementatio

Mort's past experience in OI has focused on measuring quality and particularly patient satisfaction. This background will be invaluable in her new OI and

MGH HOTLINE

U.S. News best hospitals survey

(Continued from Page 1)

hospitals, and Spaulding placed among rehabilitation centers. Dana-Farber Cancer Institute (DFCI), which recently joined with Partners to form Dana-Farber Partners CancerCare, ranked third in cancer care.

According to *U.S. News and World Report*, ranking medical centers is a complex process that relies on both reputational assessments and objective information, such as federal death rate statistics, the ratio of registered nurses to beds, and membership in the Council of Teaching Hospitals. Reputational data was generated from confidential questionnaires mailed to a geographical cross section of 2,400 board-certified physicians, who were asked to name the five hospitals they consider the best from among the nation's 1,961 tertiary care centers.

RANKING MEDICAL CENTERS IS A COMPLEX PROCESS THAT RELIES ON BOTH REPUTATIONAL ASSESSMENTS AND OBJECTIVE INFORMATION.

To make the Honor Roll, a hospital had to score at least 10 points and rank among the top 10 in at least three specialties.

The survey is featured in the Aug. 12 issue of *U.S. News and World Report*, which will be on newsstands Monday, Aug. 5. ●

BWH rankings

Overall	8
AIDS	24
Cardiology	7
Endocrinology	7
Gastroenterology	10
Geriatrics	10
Gynecology	4
Neurology	28
Orthopedics	39
Rheumatology	3
Urology	18

Dana-Farber Cancer Institute

Cancer	3

Decision Support Unit roles.

"Operations Improvement," says Mort, "must build on the MGH's long history as a premier clinical institution. But the institution needs to be a first-rate service organization as well. It must be patient-focused and inviting to referring physicians, well integrated with nonacute care facilities and community services, and it must be a high-quality environment for the people who work here. What OI can do is showcase MGH's clinical quality and position the institution to be more in step with the demands of the '90s."

"OI BUILD ON THE MGH'S CLINICAL INSTITUTION. BUT FIRST-RATE SERVICE

Those demands include the certainty that financial pressures on the hospital will become more intense. Mort is quick, however, to emphasize that OI is not merely a reactive effort but an ongoing proactive process of steady redesign to position the MGH for continued success.

"We've been through an intense design phase, and implementation is well under way," says Mort. "What we're going to see in the next year is a continuous feedback of information that will monitor implementation and fuel further design."

Mort says that as a third-year medical student she "got hooked" on the MGH. "I saw an incredible level of commitment, energy and dedication on the part of everyone who works here. The collaboration of so many talented people coming together literally to help design the future of this institution makes the process of OI particularly exciting." ●

IN GENERAL

William M. Abbott, MD, MGH chief of Vascular Surgery, became president-elect of the Society for Vascular Surgery in June. The mission of the society is "to promote the art and discipline of vascular surgery." The 600 members of the highly selective society are interested primarily in academic pursuits rather than private practices. Abbott's term as president begins in June 1997.

Barbara Berkman, DSW, director of Social Work research and Quality Assessment and director of the Ruth D. and Archie A. Abrams Interdisciplinary Research Programs at MGH, was named the Helen Rehr/Ruth Fizdale Professor of Health/Mental Health at Columbia University School of Social Work. Berkman will continue her research activities at MGH.

Michael Laposata, MD, PhD, director of Clinical Laboratories at MGH, became president-elect of the Academy of Clinical Laboratory Physicians and Scientists (ACLPS) at the organization's annual meeting in June. ACLPS has more than 800 members and is a sponsoring society for the *American Journal of Clinical Pathology*. Laposata's term as president begins in June 1997.

In June, **Jacqueline D. Bastille,** director of the Treadwell Health Sciences Library, was named a fellow of the Medical Library Association in recognition of her outstanding contributions to the advancement of medical librarianship and the Medical Library Association. She was president of the association from 1992 to 1994.

John Lester, computer systems specialist in Neurology, was featured in the July issue of *Health Data Management*. The article refered to Lester as a "self-made technologist who has evolved from research neurobiologist to Internet prodigy in a few years, quickly becoming a major health care information technology asset."

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MGH HOTLINE

WHAT'S HAPPENING

Student research presentations

Students participating in the MGH Summer Research Training program will be making oral presentations of their work at two upcoming programs: Aug. 5 and 8 from 1 to 3 pm in the Burr 6 conference room, Bartlett Hall Extension, third floor. The Summer Research Training Program is sponsored by the Office of Minority Health Professions.

GLBA meeting

The next general meeting of the Gay, Lesbian, Bisexual Alliance will take place Aug. 16 at noon in Bartlett Hall Extension, third floor. For more information, call 6-5687.

Ice cream for blood donors

As a special thanks for blood donations, the MGH Blood Donor Center will give a coupon for a free ice cream from Friendly's on the Bulfinch Patio to employees who donate blood. Donations may be made anytime during business hours, Monday, Tuesday, Thursday and Friday from 8:30 am to 4:30 pm and Wednesday from 8:30 am to 7:30 pm. For more information call 6-3618.

MGH Hotline
is published weekly by the MGH Development and Public Affairs Office.

Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office, 101 Merrimac St., fourth floor.

ADVANCES

Researchers identify possible genetic susceptibility sites for MS

MGH RESEARCHERS are part of an international research collaboration that has identified several DNA regions that may house genes affecting susceptibility to multiple sclerosis (MS). The researchers say their study provides strong evidence that an elevated risk for MS, a disabling neurologic disorder that afflicts more than 1 million people worldwide, can be inherited.

The study was conducted by the Multiple Sclerosis Genetics Group: four collaborating teams from the MGH, Duke University Medical Center, Genethon (the laboratory of the French Muscular Dystrophy Association) and the University of California at San Francisco. Jonathan Haines, PhD, of the Molecular Neurogenetics Unit, is principal investigator for the MGH team.

In the August issue of *Nature Genetics*, the scientists report results of a search of the entire human genome, which identified 19 regions that might harbor MS-associated genes. One of the stronger associations was with a region bearing genes known to control immune system regulation, an area on chromosome 6 called the "major histocompatibility complex." Although the researchers concluded that no gene within these regions is likely to act alone to cause MS, some of the regions may contain genes that act in concert with other genes or environmental factors to bring about the disease.

THE RESEARCHERS SAY THEIR STUDY PROVIDES STRONG EVIDENCE THAT AN ELEVATED RISK FOR MS CAN BE INHERITED.

Haines says: "There may be something like three to five genes actually involved with MS susceptibility. The genes may work independently or together, and the particular combination of genes you inherit may affect when symptoms develop or how the disease progresses. There's a lot of work to be done."

Other members of Haines' team are James Gusella, PhD, director of the Molecular Neurogenetics Unit; M. Ter-Minassian, A. Bazyk, D.J. Kim and H. Terwedow, PhD. The UCSF team is led by Steven Hauser, MD, formerly an MGH neurologist, and the Genethon team leader is Eric Seboun, PhD, formerly a research fellow at the MGH.

Stanley Wyman, MD, MGH radiologist, dies at 82

STANLEY MOORE WYMAN, MD, a radiologist at MGH for more than 50 years and former president of the Massachusetts Medical Society, died of heart failure Sunday. He was 82.

Wyman graduated from Harvard College and Harvard Medical School. He completed his internship at Faulkner Hospital and his residency at MGH. During World War II, he served as a radiologist with the Sixth General Hospital and 15th Field Hospital and worked in North Africa and Italy. Wyman was awarded a Bronze Star for his bravery.

In 1991, MGH created the Stanley Moore Wyman Award, which recognizes the resident who demonstrates the character and dedication to excel, as exemplified by Wyman.

Wyman is survived by his wife, Evelyn (Shanks); a son, Stephen B. of Carlisle, Mass.; three daughters, Jean Beebe of Wrentham, Martha Bermingham of Chicago, and Barbara Samett of Philadelphia; and eight grandchildren.

A memorial service in Wyman's honor will be held in September at Harvard University. ●

August 9, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Domestic violence package approved by leadership

IN A MOVE designed to enhance the MGH's services for patients and employees affected by domestic violence, hospital leadership last month approved the program recommended by the Domestic Violence Task Force.

"The MGH will build on the existing 'pockets of excellence' at the hospital around domestic violence – such as efforts in Social Services and in Police and Security, among others — to ensure an excellent, comprehensive domestic violence program," says Joan Quinlan, director of the MGH Community Benefit Program. "Not only will MGH staff be trained to ask patients and employees about domestic violence, but dedicated resources also will be in place to support those in abusive situations."

The task force — which is chaired by Isaac Schiff, MD, chief of the Vincent Memorial Obstetrics and Gynecology Service at the MGH — recommended a program including several components. Clinicians will be trained to screen and identify patients who may be victims of domestic violence. When abusive situations are identified, patients will be referred to one of several patient advocates, who will work out of the Social Service Department to provide victims with a range of timely resources.

Quinlan says the advocates will be the centerpiece of the program. Their presence should prevent the so-called "Pandora's box" syndrome, in which clinicians hesitate even to ask patients about domestic violence because they cannot offer appropriate support services. The advocates, specialists with experience working on domestic violence issues within the community, will serve as the needed resources for patients. They will be familiar with the issue of family violence and knowledgeable

(Continued on Page 3)

White front entrance to close for three weeks

THE WHITE front entrance will be closed for three weeks, from Aug. 19 to Sept. 9, because of construction along the side of the Wang Ambulatory Care Center. All pedestrian traffic will be routed through the WACC main entrance. Vehicles picking up or dropping off at the White front entrance also will be directed to the WACC circle. Only ambulances and patients with medical emergencies will be allowed onto the White ramp.

"This is a major logistical challenge," says Bonnie Michelman, director of Police and Security, "but the Planning Office, Volunteer Services, the Ambassadorial Program and Police and Security have a collaborative plan that will minimize inconvenience to patients, visitors and staff."

(Continued on Page 4)

Sweet relief

A lollipop and some children's Tylenol brightened the spirits of 2 1/2-year-old Brendon Menendez, who was suffering from an earache Friday night when he became the first patient to be cared for in the Urgent Care Center at the new MGH•Chelsea HealthCare Center. The Chelsea Memorial Health Center changed its name to MGH•Chelsea HealthCare Center when it moved Friday into its new quarters at 151 Everett Ave.

While staff shut down operations in the Emergency Room at the old site, others began accepting patients in the new Urgent Care Center. Clinicians in all health center units began seeing patients in the new facility Tuesday.

"We're thrilled with the new facilities," says Herbert Krohn, MD, director of the Urgent Care Center. Urgent care status enables the former Chelsea Emergency Room to accept a larger patient population, he says. "We are now more economically accessible to a larger group of potential patients. In addition to caring for traditional emergency patients, we will be able to provide care for patients of our primary care physicians, as well as industrial care patients from local businesses, at lower cost."

West meets East
Acupuncture introduced at the MGH

THE MGH, recognizing the need to offer its patients the broadest base of health care available, has added a new service to its repertoire — acupuncture. Operated through the Department of Anesthesia's Pain Center, the MGH Acupuncture Clinic opened this spring.

Lang Ha Pham, MD, an MGH anesthesiologist trained in both Western and Eastern medical principles, directs the clinic. "One of the advantages of having the Acupuncture Clinic operate within the Pain Center is the ability to offer patients the choice of either traditional or nontraditional medical practices," she says. "Some of our patients may wish to undergo one form of treatment, only to switch at a later time to another. Other patients may prefer using both at the same time. So as a practice we can be much more flexible than we were in the past."

Says David Borsook, MD, director the MGH Pain Center: "Because nontraditional medical approaches are in high demand from the public, we feel that this program has potential on a number of different levels. As one of the first academic hospitals to offer acupuncture services, we will be able explore how nontraditional medical practices can work in tandem with traditional medical services." In addition, the physicians in the unit will be able to establish protocol studies that may help determine which ailments respond best to acupuncture.

ACUPUNCTURE, AN ANCIENT CHINESE PRACTICE, LOOKS AT WHOLE-BODY HEALING RATHER THAN FOCUSING ON SPECIFIC SYSTEMS.

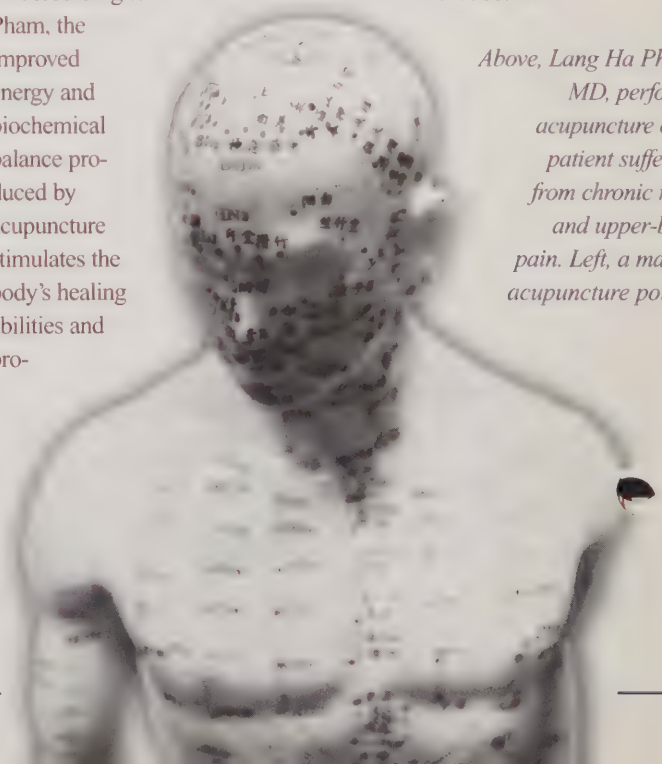
Acupuncture, an ancient Chinese practice, is a form of holistic medicine that looks at whole-body healing rather than focusing on functions of specific systems. According to Pham, who received her medical degree from the University of Paris, acupuncture therapists believe that the technique works because it helps release the body's natural channels of healing energy, known as Qi (pronounced "chee"), which flows through the body. Any obstruction in these channels acts like a dam that can back up the flow in one part of the body and restrict it in others.

"To release the obstruction, very fine sterile needles, no thicker than a strand of hair, are inserted at very precise points on the body," she says. "Heat or another type of mild electrostimulation is then applied to the needles in an effort to open up the body's Qi and re-establish its regular flow."

Pham says that there may be a more scientific explanation for acupuncture's success. "Needling the acupuncture points stimulates the nervous system to release chemicals known as endorphins in the spinal cord and brain. These chemicals either will change the experience of pain or will trigger the release of other chemicals that may influence the body's regulating systems."

According to Pham, the improved energy and biochemical balance produced by acupuncture stimulates the body's healing abilities and promotes patients' physical and emotional well-being. Acupuncture is an alternative approach to treatments for such common disorders as headaches, arthritis, depression and shoulder and back pain. It is considered a natural treatment and does not employ the use of [illegible] or invasive surgery. The needles employed in this technique recently received approval from the Food and Drug Administration.

The Acupuncture Clinic operates a full-day session each Monday and sees only those patients referred by a physician. For more information, call 6-8810. ●



Above, Lang Ha Pham, MD, performs acupuncture on a patient suffering from chronic neck and upper-back pain. Left, a map of acupuncture points.

MGH HOTLINE

MGH researchers identify gene that controls aging in worm

MGH RESEARCHERS have identified and cloned one of the first genes known to control aging in an animal. Working with *C. elegans*, a worm commonly used in genetic and developmental studies, the team from the MGH Department of Molecular Biology has determined that worms with mutant forms of a gene called *age-1* live two to three times longer than normal.

Published in the Aug. 8 issue of *Nature*, the study indicated that *age-1* also controls the process by which *C. elegans* temporarily arrests development as a hibernating immature form. When mutations totally knock out the function of this gene, the worms stay in the arrested state. If the gene's function is partially reduced, the worm does develop into an adult form but lives as much as three times longer than its normal eight- to 10-day lifespan.

The researchers, led by Gary Ruvkun, PhD, note that the similarity between the worm's arrested development state and the hibernation seen in animals as diverse as insects, frogs and bears suggests that similar aging mechanisms may operate in other animals, including humans. Much further research, however, is required. "Our work identifies one aging control pathway, but we don't know how many pathways there are," Ruvkun says.

Dana-Farber/Partners CancerCare moves forward with integration plan

ON JULY 29, 200 leaders from MGH, BWH and Dana-Farber Cancer Institute (DFCI) gathered to review progress of Dana-Farber Partners CancerCare and plan the next steps that will lead to a unified program in adult medical oncology. The focus of the retreat was the integration of the oncology programs at DFCI and BWH. On Nov. 1, beds from DFCI will relocate to BWH, and in the spring of 1997, BWH outpatient oncology services will begin to move to DFCI.

The joint program involves creating a collaborative, multidisciplinary model of care organized around disease centers: breast, lung, gastrointestinal, genitourinary, endocrine, head and neck, and neurological cancers, as well as hematological malignancies, melanomas and sarcomas.

According to Bruce Chabner, MD, clinical director of the MGH Cancer Center and chief medical officer of Dana-Farber Partners CancerCare, while the MGH will continue to offer inpatient and outpatient oncology services at its campus, MGH staff members are playing an active role in the integration, as the ultimate goal is to establish common practices and systems among the three institutions. ●

— *Domestic violence package approved*

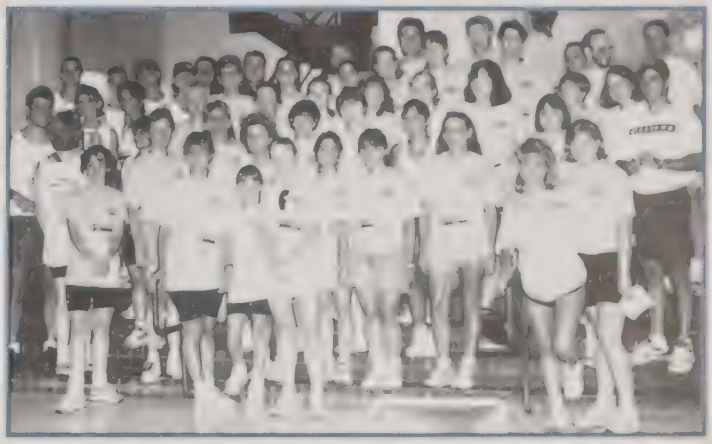
(Continued from Page 1)

about the community network of services for battered women, including shelters, the courts, police and other resources.

While all clinicians eventually will be trained in victim screening and identification, the program will begin by targeting several areas of greatest need. In addition, an employee domestic violence specialist will collaborate with the Employee Assistance Program to develop a workplace violence prevention program, train supervisors and provide direct services to employees.

Because domestic violence is the leading cause of injury to women age 25 to 44, the Domestic Violence Task Force was charged with evaluating MGH's current response to patients and employees who are victims and with making recommendations for improvement. According to Quinlan, published reports indicate that proactively addressing the issue of domestic violence makes a difference. One study demonstrated that when clinicians were trained to use a protocol, 30 percent of women presenting with traumatic injury in emergency departments were identified as victims of domestic abuse. Without the training and protocol, only 5.6 percent were identified.

"Presentations to the task force, from both former victims as well as social service professionals, repeatedly stressed the importance in the victims' decision-making process of being asked about violence by a clinician," says Quinlan. Such presentations, along with a wide range of other information evaluated over a six-month period by the Domestic Violence Task Force, led to the recommendations put forth and subsequently approved by hospital leaders. This summer, the task force, Social Services and others will plan the implementation of the program, which will be evaluated through a series of measurement tools the MGH is developing. ●



Making strides against domestic violence

On July 25, more than 70 MGHers traded suits and scrubs for workout wear to participate in the annual Chase Manhattan Corporate Challenge. Many of the MGH runners, who joined 10,000 other runners on the 3.5-mile course, used the event to raise money and raise awareness of domestic violence wearing team T-shirts reading "MGH: Making strides against domestic violence."

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MGH HOTLINE

WHAT'S HAPPENING

Mentors wanted
The MGH/Timilty Partnership is looking for mentors to be paired with students from the Timilty Middle School. Mentors will guide students through the process of designing and preparing a science project for entry in the school's annual science fair. Students will make four to six visits to the mentors' work sites from September through February. For more information contact the MGH/Timilty Partnership Office at 4-3210.

Diabetes Prevention Center offers free screening
The MGH Diabetes Research and Treatment Center invites patients, employees and the general public to a free blood sugar screening at MGH East Aug. 14, 8 am to 2 pm. The tests are offered as part of the center's outreach for the Diabetes Prevention Program, a nationwide study looking at ways to prevent type II diabetes in those at risk of developing the disease. The screening will be held in the West End Conference Room, Building 149, CNY. Although fasting is not required, for optimal results participants are asked not to eat or drink anything, with the exception of water, at least 4 hours, preferably 12 hours beforehand. For more information, call the Diabetes Prevention Program at 4-3197.

New mailing labels available
Crack-and-peel, no-lick mailing labels, pre-printed with MGH's return address, are now available through Standard Register, not Staples as mentioned on e-mail. The item number for the new labels is 82131. To place orders for the labels, fax Standard Register at 4-1723.

IN GENERAL

Dinesh Patel, MD, of the Department of Orthopædic Surgery, recently was elected to the Executive Committee of the Federation of State Medical Boards of the United States. The federation works to improve the "quality, safety and integrity of U.S. health care." Patel served as chairman of the Massachusetts Board of Registration in Medicine from 1990 to 1992 and has been a member of the Board of Directors of the Federation of State Medical Boards since 1993.

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— White front entrance to close

(Continued from Page 1)

Highlights of the plan are as follows:

- Signs, ambassadors, volunteers and security staff will direct pedestrians and vehicle traffic. Temporary staff will be hired to ensure that enough people are available, especially at peak hours. A safety fence will be constructed along the Parkman Street side of the WACC to help guide pedestrians to the WACC main entrance. Two food kiosks in the WACC Lobby have been removed to accommodate the expected increase in traffic.
- Ambulances and emergency vehicles will continue to access the hospital via the White ramp. Patients with medical emergencies will be directed into the White ramp and will enter the hospital through the Emergency Department entrance.
- Anyone wishing to drop off or pick up at the White front entrance will be redirected to the circle in front of the main entrance of the WACC or to the Gray Building entrance on Blossom Street. No parking will be permitted in the WACC circle.
- Employees and staff expecting vendor deliveries are asked to direct vendors away from the White ramp.
- All employees and staff are requested to avoid high-traffic areas whenever possible to avoid additional congestion.

The closing of the entrance is necessary to accommodate the construction of a glass canopy running the length of the WACC. In addition, the sidewalk alongside the WACC has to be removed, and the surface regraded, which will raise the ground level by nearly a foot in some places, according to David Hanitchak of the Planning Office.

"WHEN SOMETHING LIKE THIS HAS COME UP, THE PEOPLE HERE HAVE ALWAYS PULLED TOGETHER TO HELP. THIS SITUATION WILL BE NO DIFFERENT."

Ironworkers installing the braces for the canopy will be working 12-hour shifts to get the job done in the least time possible. The doors to the White front entrance will reopen Sept. 9, Hanitchak says.

"When something like this has come up, the people here have always pulled together to help," says Pat Rowell, director of Volunteer Services. "This situation will be no different. The good news is that it's only going to last for three weeks." ●

August 16, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Primary care physicians get a business perspective on medicine

IN MID-MAY, 40 primary care practice leaders added something different to their resumes: a two-week stint in "business school" designed especially for medical professionals. The program, offered by the Crimson Group, was tailor-made for the Massachusetts General Physicians Organization group to give practice leaders some new tools for meeting the challenges of running a successful medical practice in a changing health care environment.

The program was the brainchild of Peter Greenspan, MD, an MGPO primary care physician and assistant director of Primary Care Development, who got to know the Crimson Group instructors through the Harvard School of Public Health. Greenspan proposed the idea for an MGPO-specific business curriculum to his colleagues at the MGH, and plans soon followed for a course designed by leaders in Primary Care Development and the MGPO in conjunction with the Crimson Group instructors.

The course was divided into two three-day segments; the first was held in March, the second in May. The program was designed like a business school curriculum, primarily case studies and interactive sessions with minimal straight lectures.

The group learned about specific topics relating to the financial considerations of running a practice — such as cost accounting, allocation of expenses, fee bundling and physician incentives — as well as broader practice organization and behavioral issues, such as how to create organizational change, factors that make an organization successful and how to perform effectively in a leadership role. Overarching all of these specific topics was the theme of

(Continued on Page 2)

Payroll office to move to CNY

AS PART OF AN EFFORT to increase efficiency by consolidating Partners Finance functions geographically, the Payroll Office will move Aug. 23 to CNY, the site of most other Partners financial operations. The new office will be located on the second floor of Building 149, in the area formerly occupied by Patient Accounts. The current on-campus office at Clinics 141 will remain open Monday through Friday, 8 am to 4:30 pm (7 am to 4:30 pm on paydays). The main Payroll phone numbers will remain the same: weekly payroll 6-2148; monthly payroll 6-2150; and fax 6-8276. The satellite office — which will be staffed to assist customers and handle inquiries, problems and requests — will have two new numbers to be announced soon.

Several changes will be implemented over the coming weeks to ensure a smooth transition. Many employee and staff services will continue to be handled at the satellite office, including paycheck pickup and time sheet pickup and dropoff.

(Continued on Page 4)

Physician profile bill becomes law at the MGH

Last Friday Gov. William F. Weld, *far right,* visited the MGH Blood Donation Center to sign Massachusetts' Physician Profile Bill into law. The new law will allow any individual to request background information about specific doctors from the state's Board of Registration in Medicine. The profiles will include a variety of information including education, training, affiliations and disciplinary actions. Also in attendance at the signing ceremony were, *from left,* State Rep. Joseph McDonough (D-Jamaica Plain), chair of the Massachusetts House of Representatives Health Care Committee; Joseph Heyman, MD, president of the Massachusetts Medical Society; State Sen. Mark Montigny (D-New Bedford), chair of the Massachusetts Senate Health Care Committee; and, at the podium, Rafik Attia, MD, chairman of the Massachusetts Board of Registration in Medicine.

IN GENERAL

Bruce A. Chabner, MD, clinical director of the MGH Cancer Center, is senior founding editor of *The Oncologist,* a new peer-reviewed, bi-monthly international journal. In his opening editorial, Chabner writes, "In this journal, we hope to put the best and latest information on cancer management before our readership, to prepare them for the future, and to do their best as a team for every patient ... We hope to explore how cancer medicine could be and will be practiced ..." *The Oncologist* publishes original papers, review and commentaries about the diagnosis and treatment of cancer patients, integrating chemotherapy with radiotherapy and surgery, as well as developing new cancer treatments.

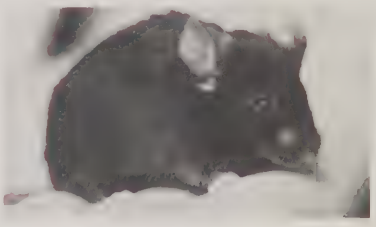
Vladimir S. Trubetskoy, PhD, Department of Radiology/Center for Imaging and Pharmaceutical Research at MGH, received a Philips Medical Systems/RSNA Seed Grant for his study "Ultra-Small Micellar Contrast Agents for CT: Structural Requirements for Incorporation of Iodine-containing Organic Molecules into Polymeric Micelles."

Michael F. Greene, MD, director of Maternal Fetal Medicine of the MGH Vincent Obstetric Division, recently was appointed to the editorial board of the *New England Journal of Medicine (NEJM).* The *NEJM,* one of the world's leading medical journals, is published weekly by the Massachusetts Medical Society. As one of six associate editors, Greene is responsible for reviewing all obstetric and gynecology-related manuscripts submitted to the journal and determining their quality, importance and interest to readers.

The University of Missouri-Kansas City School of Medicine has named a fellowship in health policy in honor of James J. Mongan, MD, MGH president and chief operating officer. Mongan was dean of the UMKC Medical School from 1987 to 1996 and executive director of the Truman Medical Center Corporation from 1981 to 1996. The annual fellowship offers one recipient the opportunity to work directly with Mongan and learn health policy at the MGH. Mongan is recognized nationally as an expert in the field of health policy.

Animal program earns renewed accreditation

The Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC International) has renewed its full accredition of the MGH animal care program. The voluntary accreditation is based on extensive self-evaluation and peer review by independent veterinarians and researchers experienced in laboratory animal management.



"The AAALAC accreditation process is considered the 'gold standard' for animal use in the research community," says William Watson, DVM, director of the MGH Office of Laboratory Animal Resources. "All of the directors, managers, supervisors and technicians associated with our program are to be commended for this achievement."

The three-year renewal extends the hospital's initial accreditation, granted in July 1993.

— *Primary care physicians get a business perspective*

(Continued from Page 1)

capitation and the significant impact it has on all other business practices.

Greenspan describes the recent course as a pilot program for the MGPO and says variants on it may be offered in the future. "We very much regarded this as a pilot program targeted at primary care practice leaders, who are facing significant financial and organizational changes under capitation," Greenspan says. He says he is confident that the program served its purpose well.

PRIMARY CARE PRACTICE LEADERS ARE FACING SIGNIFICANT FINANCIAL AND ORGANIZATIONAL CHANGES UNDER CAPITATION.

Participants are equally enthusiastic about the benefits of the program. Of the group of 40 participants, 31 completed extensive evaluations and awarded the program an overall rating of 4.7 on a scale of 1 to 5. Sixty-five percent of those participants said the program exceeded their expectations.

To ensure that this sort of learning does not take place in a vacuum, MGPO and Primary Care Development leaders and the course instructors are working together to develop a program update or follow-up course. Practice leaders were encouraged to bring the information they learned at the Crimson course back to their practices and share it with their team members. The MGPO is considering plans for a specialist-focused course, which may be implemented within the next year.

For more information, contact Greenspan at 6-8283 or Daniel Ginsburg, MGPO chief operating officer, at 4-7101.

MGH HOTLINE

rtners and seniors

tners HealthCare System ed seniors put a healthy spin their lives at the Senior Expo Aug. 2 and 3.

MGHers from the main hospital, H Community Health Associates MGH Beacon Hill Geriatric alth joined colleagues from H and Spaulding Rehabilitation spital at a Partners-sponsored th to provide some of the 000 seniors in attendance with related information on health s such as osteoporosis and ntinence. Seniors also received blood pressure screenings, rition advice, educational pre- ations and information about tners' resources.

tners to cosponsor benefit battered women

n evening of Dixieland jazz will vide the backdrop for a state- le charitable fund-raiser, Music Medicine, Sept. 8 from 5 to 9 , at the Roxy nightclub in ston. Proceeds from the event, sponsored by Partners ealthCare System and Harvard grim Health Care, will benefit o non-profit organizations: The Massachusetts Coalition of attered Women Service Groups d Performers Outreach, which tages classical, jazz and popular ncerts in hospitals, nursing omes, shelters and children's ehabilitation centers.

All members of the MGH and Partners are invited to attend. Tickets are $50. Student and resi- dent admission is $10. For more information call (800) 322-2303, ext. 1346. The Massachusetts Medical Society (MMS), MMS Alliance and th MS Committee on Violence ar ting the event through the MMS Alliance Charitable and Educational Fund.

ONLY BOSTON HAS TWO HOSPITALS AMONG THE
COUNTRY'S TOP TEN. WE'RE PROUD
THAT WE CAN SAY THE SAME.
1. Johns Hopkins Hospital,
2. Mayo Clinic,
3. Massachusetts General Hospital,
UCLA Medical Center,
5. Duke University Medical Center,
6. Cleveland Clinic
7. University of California, San Francisco Medical Center
8. Brigham and Women's Hospital, Boston (25 POINTS IN SIX SPE
9. University of Texas M. D. derson Cancer Center, Houst
IN FOUR SPECIALTIES
It's reassuring to know your health care system offers advantages that no one else can provide. Partners HealthCare System is proud that its two founding members have again been named among the top ten in U.S.News & World Report's Honor Roll of American Hospitals (August 12, 1996). Our founders, Massachusetts General Hospital and Brigham and Women's Hospital have been lauded as two of the leading institutions in the country for the fourth year in a row. Along with our newest partner The North Shore Medical Center, our goal at Partners has been to create an integrated health care delivery system that offers coordinated, high-quality care throughout the region.
And it seems that we're accomplishing just that. MGH was ranked third
U.S.NEWS
Partners HealthCare System recently ran this full-page advertisement in the Boston Sunday Globe, The Boston Sunday Herald and the Boston Business Journal. The advertisement highlights the accomplishments of the MGH, BWH, McLean Hospital and Spaulding Rehabilitation Hospital in attaining impressive rankings in the U.S. News and World Report "Best Hospitals" survey. The copy reads: "Of course, it's nice to enjoy all this recognition, but we'd rather focus on what got us there: a network of caregivers that includes the very best doctors, nurses and highly dedicated staff. Without them, these rankings would not have been possible. They've proven time and time again that they're among the best health care has to offer."
PARTNERS

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MGH HOTLINE

Excess earned time becomes extended sick leave time Sept. 28

Wondering if you should splurge and take that two-week Alaskan cruise during the next month? All MGH employees are reminded that they must use or cash out all excess earned time by the end of the pay week ending Sept. 28.

The maximum amount of earned time an employee may carry over into the next fiscal year is one times the annual accrual. For a full-time employee with less than five years service the maximum is 232 hours. Employees may reduce their earned time balances by either taking vacation time or by cashing out time. Employees may cash out one week of earned time once a year provided they have a balance of five weeks. Any excess earned time not used or cashed out by Sept. 28 will be transferred to the extended sick leave account.

Those with questions may contact their Human Resources generalist.

Michelman to oversee parking

Bonnie Michelman, director of Police and Security, this week took on several additional operational responsibilities, including Parking and Commuter Services and the Photography Laboratory.

"I hope to advance customer service as well as the efficiency of parking operations," says Michelman. She adds that many people do not understand the complexity of Parking and Commuter Services, which is a $7 million-a-year operation. It includes 30 parking programs and attempts to accommodate, on average, 10 requests for each parking space that exists. While Michelman will be evaluating the overall program, she stresses that the front parking garages remain reserved for patients, visitors and some physicians.

Those with specific questions about parking availability may call Tony Christopher, parking supervisor, at 6-3568. Those with questions about parking program operations may call Dave Ryan, manager of Training and Ambassador Services, who will expand his responsibilities to include oversight of parking operations, at 4-3786. Those with strategic questions about plans for Parking and Commuter Services may call Bonnie Michelman at 6-7979.

— Payroll to move to CNY

(Continued from Page 1)

However, the deadline for dropping off weekly payroll sheets has changed to 10 am on Mondays. Timekeepers who miss the deadline will be responsible for delivering their timesheets to the main Payroll Office at CNY.

An information display outside of Clinics 141 will hold frequently requested forms for taxes, direct deposit, the MBTA pass program and address changes.

The criteria for manual checks also will change. Checks will no longer be produced for overtime or shift differential. Instead, these amounts should be reported to Payroll so they can be added to the employee's next weekly check.

Those with questions about the changes may contact their Human Resources generalist or John Seale, payroll manager, at 6-5903.

Getting answers to payroll-related questions

Questions regarding number of hours paid should be directed to departmental timekeepers.

Questions regarding benefit deductions should be directed to Human Resources generalists.

Questions regarding missing paychecks, taxes, direct deposit, the credit union, MBTA passes and deductions or garnishments should be directed to the Payroll Office.

Contacting the Payroll Office after Aug. 23

Payroll Office staff may be contacted in person or by phone at these locations:

Satellite Payroll Office
Clinics 141
Phone numbers to be announced.

Main Payroll Office
CNY Building 149, second floor
Weekly payroll: 6-2148
Monthly payroll: 6-2150
Fax: 6-8276

What's Happening

Running Team

The MGH Running Team will participate Sept. 7 in the Susan G. Komen "Race for the Cure" to benefit breast cancer research, public awareness and early detection. The event is open to people of all ages and athletic abilities and includes a 5K women's run, a 5K run for men and women and a 5K family walk. This year's race also has a category for company teams. To join other MGHers call Linda Beatrice at 6-2168 or contact Donna Romano at 723-3212 or via e-mail at *Romano@Helix.MGH.Harvard.edu.* The deadline for registration is Aug. 31.

MGH Hotline
is published weekly by the MGH Development and Public Affairs Office.

Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office, 101 Merrimac St., fourth floor.

White front entrance to close for three weeks starting Aug. 19

The White front entrance to the hospital will be closed for three weeks starting Monday, Aug. 19 to accommodate the construction of a glass canopy running the length of the Wang Ambulatory Care Center (WACC). Only ambulances and vehicles transporting patients with medical emergencies will be allowed onto the White ramp. Anyone wishing to drop off or pick up at the White front entrance will be directed to the circle in front of the main entrance to the WACC or to the Gray Building entrance on Blossom Street. No parking will be permitted in the WACC circle. All pedestrian traffic will be routed through the WACC main entrance. The doors to the White front entrance will reopen on Monday, Sept. 9.

August 23, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Giving promising minority students a glimpse of potential careers

FRANK ACOSTA'S feelings were not atypical of some members of ethnic minority groups. He says he harbored a mistrust of a health care system he saw as run by Caucasian men who do not understand or care to understand Latinos or other ethnic minorities. His view changed, however, on a tragic day three years ago in his East Los Angeles neighborhood when his friend was killed by a bullet meant for someone else.

Acosta intended to rail against what he presumed was an uncaring doctor for not trying hard enough to save his friend's life. Instead Acosta learned that, on one level at least, the doctor did understand him, for violence had taken the life of someone very close to the doctor — his son.

"That made an immediate difference to me," says 19-year-old Acosta, *right and far left.* "I realized then that I was perpetuating as many negative stereotypes as I assumed white physicians were."

Acosta, the son of a Los Angeles County investigator, decided soon after to pursue a career in medicine.

About to enter his senior year as a premed student at Harvard College, Acosta last week finished an eight-week research apprenticeship at the MGH. As part of the Summer Research Trainee Program coordinated by the Office of Minority Health Professions, Acosta observed and worked with mentors Carlos Camargo, MD, DrPH, of the Emergency Department, *with Acosta at left,* and Dean Hess, PhD, RRT, assistant director of Respiratory Care Services.

The Summer Research Trainee Program pairs minority students — specifically African-Americans, Latinos, Native Americans and Pacific Islanders — with advisors who act as role models, giving the students a glimpse of potential careers in health care and science. This year the program hosted 16 students; more than 85 have participated in the program since it started in 1990.

"Frank is a true success story," says Winfred Williams, MD, director of the Office of Minority Health Professions. "Given the neighborhood he grew up in, he was at risk in his early life of going the way of drugs and gangs. That he's beaten those odds is a tribute to him and his parents. The MGH community can be proud that through the Summer Research Trainee Program we continue to provide promising students like Frank the opportunities to continue their pursuit of excellence."

For additional information about the Summer Research Trainee Program, call Robin Glover of the Minority Health Professions Office at 4-3832. ●

Pay program update

AS THE HOSPITAL'S fiscal year — which runs from Oct. 1 to Sept. 30 — comes to a close, many areas are finalizing their plans to use funds set aside for pay-for-performance incentives. Last fall, recognizing that the hospital's operating budget could not support across-the-board pay raises, leadership set aside 1 percent of the hospital's general fund total annual salary expense. The funds were earmarked for one-time, performance-based bonuses.

"We are constantly trying to balance the financial constraints we are facing with recognizing the value of employee contributions," says Jeff Davis, senior vice president for Human Resources. "This year's 'bonus' program is one way of addressing the conflict."

Leadership in each area has been charged with establishing criteria for

(Continued on Page 2)

"WE ARE CONSTANTLY TRYING TO BALANCE THE FINANCIAL CONSTRAINTS WE ARE FACING WITH RECOGNIZING THE VALUE OF EMPLOYEE CONTRIBUTIONS."

New guidelines adopted for HIV exposure

THE Employee Health Service (EHS) has introduced a new procedure for dealing with HIV exposures. EHS now recommends and will provide combination antiviral medication to MGH staff who have had high-risk exposures to blood or body fluids containing HIV.

After consulting with Cyrus Hopkins, MD, and Martin Hirsch, MD, both of the MGH Infectious Disease Unit, EHS has moved to implement recent guidelines from the Centers for Disease Control and Prevention encouraging the use of certain medications to lower the risk of occupational transmission of HIV.

Roughly 50 health care workers nationwide have become infected with HIV as a result of work accidents. The risk of infection is increased when a needle or sharp instrument containing blood penetrates deep through the skin, particularly if the blood is from a patient with a high titer of HIV. A recent study suggested that administration of AZT (zidovudine) after such exposures can reduce the chance of infection by 79 percent. Even greater protection may be gained by the addition of 3TC (lamivudine) and, in some very high-risk exposures, indinavir, a new protease inhibitor. The medications appear to work best if taken soon after the exposure.

According to Elisha "Skip" Atkins, MD, EHS medical director, the MGH has not had any cases of work-related HIV transmission. He adds that not all exposures are considered high-risk. For example, contact of infected blood with the intact skin of an employee poses an extremely low risk of infection. Even in the case of a penetrating injury, the chance of infection appears to be only about one in three hundred. However, such injuries understandably cause great concern among affected health care providers.

EHS encourages employees and staff who have been exposed to blood or body fluids to go to the EHS office on Clinics 3 as soon as possible after an exposure. The EHS office is open Monday through Friday from 7:30 am to 4:30 pm. After hours and on weekends, the EHS nurse practitioner can be paged by calling 6-2241.

EHS staff can help define the risk of the exposure, aid employees in weighing the likely benefit of medication against possible side-effects, give a supply of medication to those who choose that option, address the emotional impact of the incident and arrange blood testing and follow-up.

Atkins says that the use of safer equipment at the MGH has dramatically lowered the rate of needlestick injuries in recent years. "By reporting incidents and reviewing how they occurred," says Atkins, "MGH staff help the continuing efforts to prevent future accidents, as well as protect their own health." ●

Recycling essentials

RECYCLE WHITE PAPER IN BLUE CONTAINERS	RECYCLE COLORED AND OTHER PAPER PRODUCTS IN GRAY CONTAINERS
• white photocopy, typing and laser printer paper • white letterhead, with and without logos • computer printouts, including green-bar paper • *MGH Hotline* • white envelopes, with and without windows • paper or envelopes with adhesive labels • fax paper	• colored copy paper • magazines • catalogs and other glossy paper • paperback and hardcover books • colored manila folders • junk mail • self-stick notes

Author inspires MGH nurses

"Know the importance of what you do. Share your stories with one another. Nursing is a privileged art, and we must have the courage to preserve it. And what better time to have courage than right now?" said Patricia Benner, RN, PhD. Benner, an author and professor of Nursing at the University of California, San Francisco, gave a series of presentations last month sponsored by Patient Care Services. Calling nursing an "integrative science and a moral art," Benner, left, stressed the importance of the "human" element in clinical decision making. "Seeing, hearing, listening, touching — knowing the patient is the essence of giving good care."

Benner's concepts are fostered at the MGH in a series of dialogue luncheons hosted by Jeanette Ives-Erickson, RN, MS, interim senior vice president for Patient Care Services and chief nurse executive, where clinical staff gather to discuss contributions to patient care and clinical events that have taken place during their practice at the MGH.

— Pay program update

(Continued from Page 1)

awarding bonuses that reflect the goals and priorities of that area and recognize outstanding performance. Criteria vary but include performance appraisals, productivity improvements or measurable outcomes. Although such tailored programs can be complicated to establish and execute, most areas are expected to have distributed funds by the end of September. Employees are encouraged to check with their managers or directors for details on how the program will work in their area. "This year has been a 'pilot' year, one in which areas were encouraged to develop their own approach to pay for performance," says Davis. "A 1 percent pool doesn't go very far, and many will receive a bonus, but the pilot has helped us learn ways to be more effective in pay to performance."

According to Davis, details about next fiscal year's salary plan will be available in the fall. ●

ADVANCES

Study reveals influence of insurance status on medical decision making

A STUDY CONDUCTED by the MGH Health Care Policy and Development Unit found that primary care physicians say they are more likely to recommend referrals and procedures for patients with health insurance than for those who are uninsured. The study, published in the August issue of *Medical Care*, found that physician referral patterns differed most for discretionary procedures — those for which there is little consensus about their appropriateness. Differences for nondiscretionary procedures — those generally accepted as necessary in given situations — were much smaller.

Elizabeth Mort, MD, MPH, lead author of the study, explains that the results indicate that insured patients may be receiving some unnecessary services and suggest that some uninsured patients may not be receiving necessary care. She and David Blumenthal, MD, MPP, chief of the MGH Health Care Policy and Development Unit and study leader, note that the results need further investigation and that future studies should examine the roles of patient preferences and doctor/patient communication in determining decisions about care.

The researchers surveyed more than 1,000 primary care physicians across the country — adult practitioners and pediatricians — presenting them with scenarios depicting common situations encountered in ambulatory medical practice. The physicians were asked to indicate the percentage of patients with similar problems for whom they would recommend a particular test or treatment and were told either that all patients were insured or that all patients were uninsured. ●

Back surgery provides better relief for severe sciatica and spinal stenosis

SURGICAL TREATMENT for patients with certain types of lower back pain seems to provide better relief than nonsurgical treatment, according to studies by researchers from the MGH, the Maine Medical Assessment Foundation and the University of Washington at Seattle. In the August issue of the journal *Spine*, the researchers report their studies of patients treated by community physicians in Maine for two common causes of low back and leg pain — sciatica and spinal stenosis. Analysis of both groups after one year showed that surgically treated patients reported greater levels of improvement than those treated by such nonsurgical means as rest, medication, exercise, physical therapy and spinal manipulation.

"OUR RESULTS INDICATE THAT, FOR PROPERLY SELECTED PATIENTS WITH SCIATICA OR SPINAL STENOSIS, SURGERY FREQUENTLY PROVIDES RAPID RELIEF OF SYMPTOMS."

Sciatica is a severe type of lower back pain that radiates into a leg, which often results from a damaged intervertebral disc pressing against a major nerve. Spinal stenosis, predominantly a disorder of the elderly, is a narrowing of the canal carrying the spinal cord that frequently causes back and leg pain.

"Our results indicate that, for properly selected patients with sciatica or spinal stenosis, surgery frequently provides rapid relief of symptoms," says Steven Atlas, MD, MPH, of the MGH Medical Practices Evaluation Center, lead author of the papers reporting on the two-part study. He adds that the results do not apply to patients with common low back pain that is not related to sciatica or stenosis. ●

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MGH HOTLINE

WHAT'S HAPPENING

Volunteers needed

Now entering its ninth year, the MGH-Timilty Partnership is looking for volunteers to work on a science project with students from the James P. Timilty Middle School. Last year more than 80 sixth-, seventh- and eighth-graders worked one-on-one with an MGH mentor, culminating in a science fair at the MGH. To learn more about the partnership, attend an information session. Each session is 15 minutes long and will begin on the hour and half-hour as follows: Sept. 5, 11:30 am to 1 pm, Wellman Conference Room;
Sept. 9, 11:30 am to 1 pm, CNY 149, first floor conference room;
Sept. 10 from 1:30 to 3:30 pm, Wellman Conference Room.
Or contact the partnership co-director, Andrea Gwosdow, PhD, at 4-3210.

Running team

The MGH running team will participate Sept. 7 in the Susan G. Komen "Race for the Cure" to benefit breast cancer research, public awareness and early detection. The event is open to people of all ages and athletic abilities and includes a 5K women's run, a 5K run for men and women and a 5K family walk. This year's race also has a category for company teams. To join other MGHers call Linda Beatrice at 6-2168 or contact Donna Romano at 6-5746 or via e-mail at *Romano@Helix.MGH.Harvard.edu*. The deadline for registration is Aug. 31.

Contacting the Payroll Office

The main Payroll Office moved to Building 149 at CNY last week as part of an effort to consolidate Partners Finance functions at the Charlestown site. Payroll Office staff may be contacted in person or by phone at these locations:

Satellite Payroll Office
Clinics 141

Phone:	4-3085
	6-8837

Satellite office phone numbers will be in effect as of Aug. 26.

Main Payroll Office
CNY Building 149, second floor

Weekly payroll:	6-2148
Monthly payroll:	6-2150
Fax:	6-8276

Cardiac ultrasound labs merge

As part of Operations Improvement implementation, the outpatient Cardiac Ultrasound Laboratory, formerly located at Zero Emerson Place, has merged with the inpatient lab on Vincent Burnham 5. All scheduled outpatients are being notified of the location change before their appointments. The outpatient telephone number remains 6-1840.

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by fax to 6-7475;
via e-mail to HOTLINE; or
by mail to the Development and Public Affairs Office,
101 Merrimac St., fourth floor.

Reminder: Chelsea health center has moved

After more than 20 years at its Bellingham Street site, the MGH Chelsea Memorial Health Center, now known as the MGH-Chelsea HealthCare Center, has moved to modern, well equipped quarters at 151 Everett Ave., across from the Mystic Mall in Chelsea. The new center is open longer, offers language support, 24-hour urgent care and other services. The new location is easily accessible by train, bus, car or shuttle.

The WIC Program has moved to 80 Everett Ave.

Telephone numbers for all departments remain the same. The main number is still 884-8300.

Details on the opening celebration will appear in *Hotline*.

Cycling team

The MGH Missing Links cycling team is gearing up for the Sept. 21 Ocean Side Bike Fest '96, its final bike tour of the year. This is a one-day tour through the coastline communities along the South Shore of Massachusetts. A choice of three routes — 25, 50 or 100 miles — will ensure that those of all cycling levels can join the ride, which will serve as a fund-raiser to benefit the Massachusetts chapter of the Multiple Sclerosis Society. For information on the tour and training rides, contact by e-mail Samuel Robert, Randy Wetzel, Dennis Picariello or William Maynard. Calls can be directed to 661-3561.

Memorial Service

A memorial service for Max L. Goodman, MD, who died June 23, will be held Sept. 9 at noon at the Memorial Church at Harvard University. Goodman was a pathologist at the MGH and MEEI for 28 years and a professor of pathology at Harvard University. For directions to the church please call 6-5161 or 6-2966.

Bowling league season to start

The MGH Bowling League will begin its 48th season Sept. 5. New bowlers are welcome to join the group at 5:15 pm at the Ryans Family Center on Landsdowne Street in Kenmore Square. For information contact Carolynn Dirienzo at 4-0543, Linda Arini at 4-0902 or Bernard Nurse at 6-5490 or page #7118.

Jackie O., the MGH and AIDS research

Radio talk show host and MGH patient David Brudnoy recently announced the formation of the David Brudnoy Fund for AIDS Research at the MGH. In support of the fund, 20 percent of all ticket sales to the comedy "Jackie: An American Life" the night of Sept. 5 will benefit the fund. A chance to meet David Brudnoy and a cocktail hour will precede the performance. For information or to reserve tickets call the Wilbur Theatre Box Office at 423-7440.

August 30, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Best hospitals in America

The MGH was rated among the best in 20 specialties in a recent ranking of doctors' choices of the best hospitals in America. For the survey appearing in this month's *American Health* magazine, department heads in 60 adult and pediatric specialties at 350 of the nation's top academic medical centers were asked to name the leading centers in their own fields.

The MGH was included among the best in the areas of cardiology, cardiothoracic surgery, dermatology, endocrinology, gastroenterology, gastrointestinal surgery, hepatology, infectious diseases, nephrology, neurology, neurosurgery, obstetrics and gynecology, orthopaedics, plastic and reconstructive surgery, psychiatry (adult and pediatric), radiation oncology, surgical oncology, thoracic surgery and vascular surgery.

In addition, McLean Hospital was included among the best hospitals for psychiatry. BWH fared well in the survey also, included among the best in 11 specialties: cardiology, cardiothoracic surgery, endocrinology, gastroenterology, hematology, nephrology, neurology, obstetrics and gynecology, rheumatology, thoracic surgery, and vascular surgery.

In March *American Health* ranked the best physicians, and 29 MGH doctors were included on that list.

Employees key to meeting blood donation needs

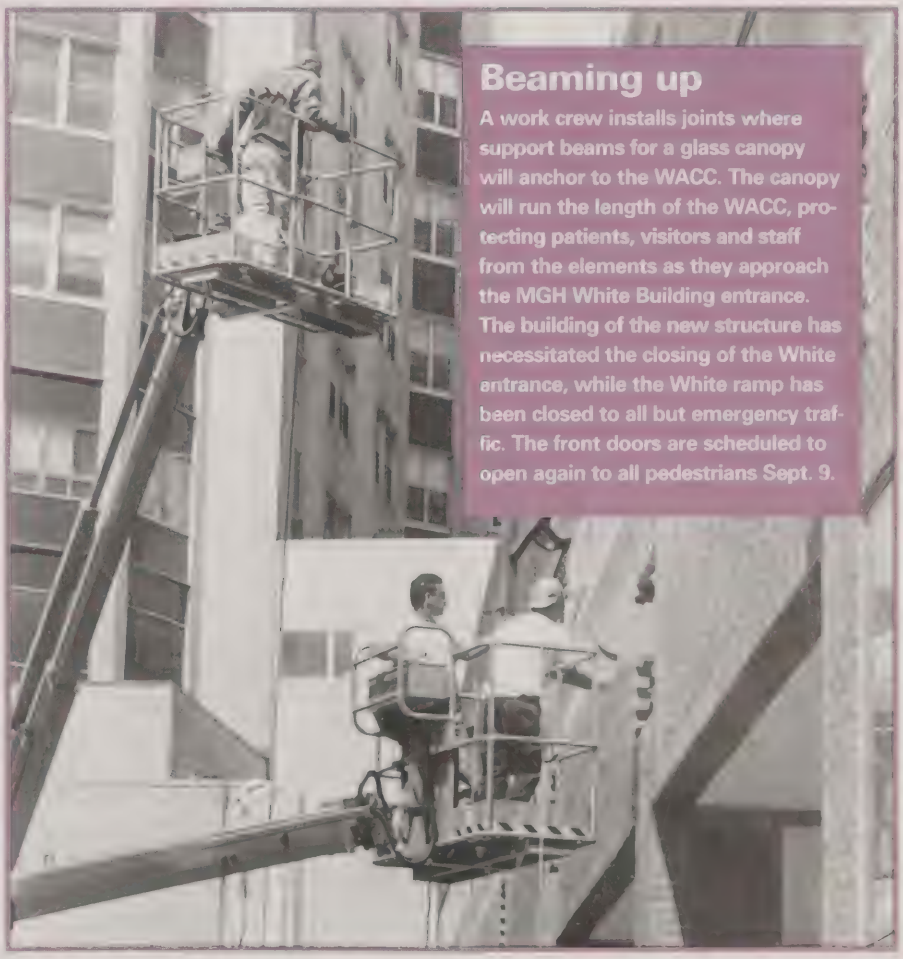
IN THE DOG DAYS OF SUMMER, in the blizzards of winter, even when hurricanes strike — MGHers answer the call to meet patient needs. Even some who do not work in clinical areas can — and do — make a direct contribution to patient care by being blood donors. In the summertime, when blood donations traditionally are at a low level, MGH employees play an important role in maintaining an adequate supply.

"This year has been fairly normal; we've seen a falloff in overall donations since June, but our requirements remain pretty steady," says Richard Carson, director of donor recruitment. "Every month we need about 2,000 units but usually collect only 1,500 units, which means we need to buy the remaining 500 units from the Red Cross or other sources. Every unit that we collect ourselves — in our donor room or from our mobile donation center — saves the hospital about $50 and helps with the care of up to three patients."

MGH employees are the backbone of the donor program, Carson notes. While the number of employee donors has stayed fairly steady in recent years, several employees have been increasing the frequency of their donations.

Some of the most faithful donors are pheresis donors, who undergo a special process to donate components such as platelets, which contribute to blood

(Continued on Page 4)



Beaming up

A work crew installs joints where support beams for a glass canopy will anchor to the WACC. The canopy will run the length of the WACC, protecting patients, visitors and staff from the elements as they approach the MGH White Building entrance. The building of the new structure has necessitated the closing of the White entrance, while the White ramp has been closed to all but emergency traffic. The front doors are scheduled to open again to all pedestrians Sept. 9.

MGH security at the Olympics

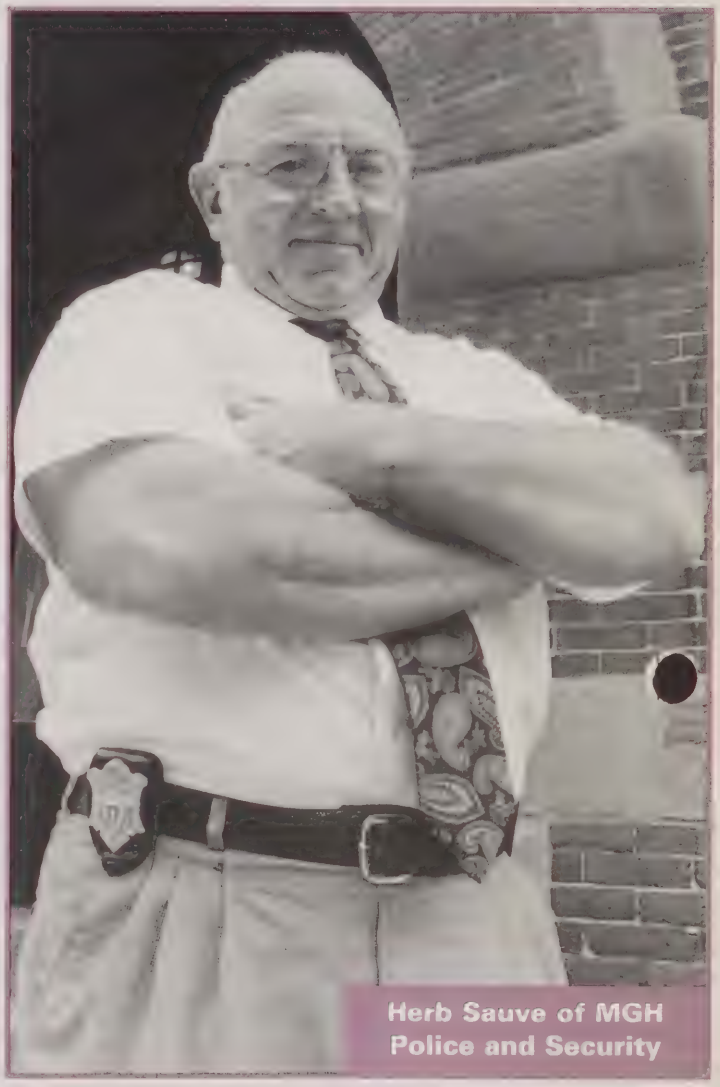
He may have seemed just another face in the crowd at this year's Olympics, but for Herb Sauve of MGH Police and Security, his attendance was anything but conventional. Sauve was one of 2,000 international law enforcement officials who volunteered to serve on a special security force at the Centennial Olympic Games in Georgia in July. Now back at the MGH, Sauve says of his security work at the Games, which were punctuated with a tragic explosion in Centennial Park and the shooting deaths of two off-duty National Guardsmen, "It was hard work, but it was a great experience."

The members of this elite force, assembled for the first time for this year's Games, were chosen from approximately 24,000 applicants worldwide. The force augmented the more than 30,000 law enforcement members already on hand at the Olympics. Sauve and his fellow officers worked with the Georgia State and Atlanta police, the FBI, the SWAT-trained U.S. Army Delta Team, the Federal Bureau of Alcohol, Tobacco and Firearms and others to ensure the safety of all participants, visitors and dignitaries who came to the event.

"Our team was everywhere," says Sauve, who is head of the MGH's Special Investigative Unit. "We lived in the village with the athletes and were present at all the events, supervising access control and escorting athletes and dignitaries." Sixty percent of the force was made up of foreign law enforcement officials, notes Sauve, which gave him the opportunity to learn ways other countries manage their law enforcement organizations.

"In a sense, I can't believe that I actually 'participated' in the Olympics."

Sauve's journey to the Olympics began 18 months ago when he and other law enforcement officials throughout the world received applications and packets of information about the assembly of a special force for the Games. A retired member of the U.S. Army's Criminal Investigations Unit, Sauve filled out the paperwork, sent it back, then quickly forgot about it. "I really thought I would never hear anything of it again." In fact, it was not until this past May that Sauve was notified that he had been chosen to serve on the force. If he accepted the position, he would need to go to Georgia for three weeks in July.



Herb Sauve of MGH Police and Security

For Sauve, who collects Olympic memorabilia, it was not a difficult decision. "I had collected more than 3,000 hockey and figure skating pins from various Olympic Games, and I have a 1972 swim team uniform," he says. "I also have five tickets from the 1980 Lake Placid U.S. – Soviet Union hockey game that went untouched when both my sons came down with the chicken pox." Sauve added to his collection starting with his own uniform and badge, created specifically for this year's Games.

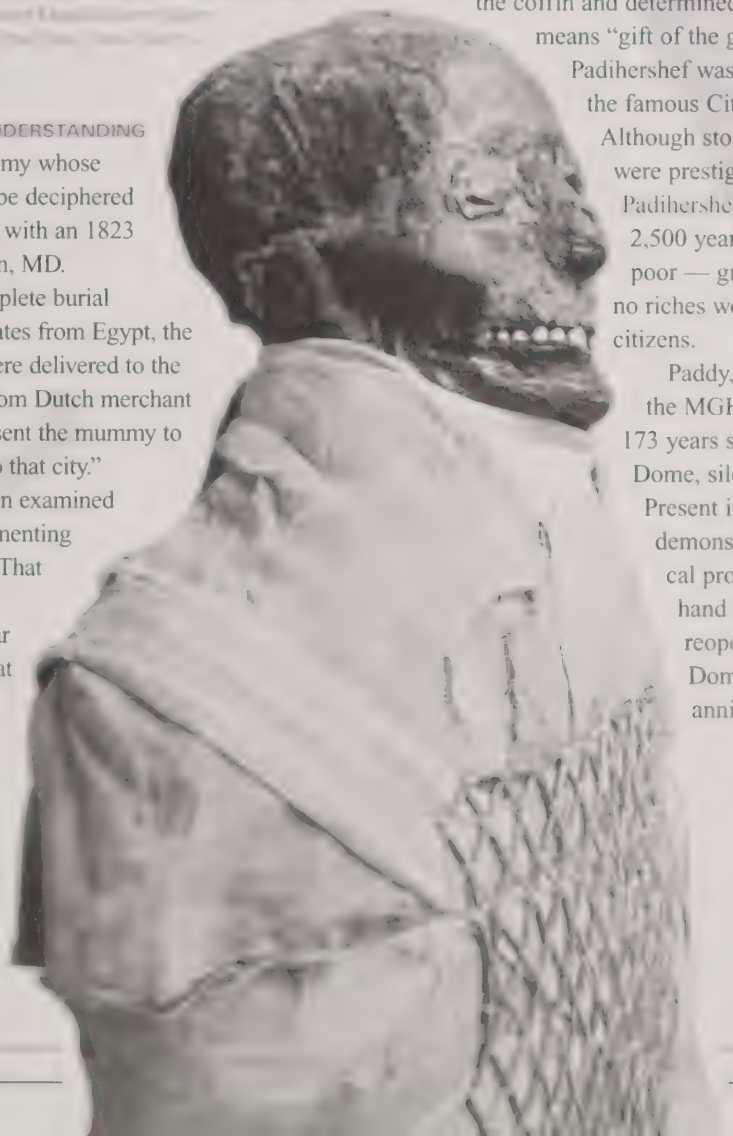
Being a part of the Olympic Games has left Sauve in awe. "In a sense, I can't believe that I actually 'participated' in the Olympics," he says. "The Games have always held a fascination for me. To be in Georgia, for the Centennial Games no less, was more than I ever could ask for."

MGH HOTLINE

FROM THE ARCHIVES

Padihershef: the MGH mummy from Thebes

"The handsome and talented young surgeon carefully cut away the bandages from around the face and exposed the sunken eye sockets. His own steely blue eyes looked at those orbits which once could have seen Homer or the building of the pyramids in Thebes before the time of Christ. Unwrapping further, he saw the carefully placed beetle, the symbol of immortality, on the hawklike nose of this Egyptian and breathed in the strangely different odors of natron and bitumen asphaltos. ... He contemplated the smells that had passed through those nares — the seamy odor of the Nile, the incense of the temple, and even the aroma of fresh baked bread. This man of ancient Egypt believed that his soul did not quit his body at death; if it remained uncorrupted after three thousand years, the soul was allowed to pass to another living body."



THE ODYSSEY TOWARD UNDERSTANDING the ancient Egyptian mummy whose name, Padihershef, would not be deciphered for more than a century, began with an 1823 examination by John C. Warren, MD.

Believed to be the first complete burial ensemble sent to the United States from Egypt, the mummy and his two coffins were delivered to the MGH May 4, 1823, as a gift from Dutch merchant Jacob Van Lennep. The donor sent the mummy to Boston "as a mark of respect to that city."

On receiving the gift, Warren examined the mummy and its case, documenting in great detail his impressions. That fall, the MGH trustees voted to lease the mummy for a one-year tour of other major cities. In that first year, Padihershef raised approximately $1,500.

Padihershef's later contributions to the MGH were more closely linked to the hospital's mission. In the early 1930s, Padihershef received a more modern exam from Edward D. Churchill, MD, who later served as the hospital's chief of Surgery until 1962. Churchill reviewed x-rays of the mummy that revealed several "growth arrest lines" in each of his lower legs, which are believed to indicate brief periods when bone growth slowed then sped up. In 1976 Jack R. Dreyfuss, MD, an MGH radiologist, read those same x-rays and attributed the growth arrest lines to episodes of childhood or adolescent illness. Other x-rays revealed evidence of curvature of the spine and degenerative disease in Padihershef's hip and knee joints. According to Dreyfuss, "The body appears to be that of a male who was in his late 40s when he died about 2,500 years ago."

In the early 1960s, Dows Dunham, an Egyptologist from the Boston Museum of Fine Arts, deciphered the hieroglyphics on the coffin and determined the mummy's name, which means "gift of the god Hershef." Most likely Padihershef was an unmarried stone cutter in the famous City of the Dead in Thebes. Although stone cutters in ancient Egypt were prestigious artisans, it is likely that Padihershef's mummy remained intact for 2,500 years because he was relatively poor — grave robbers passed him by as no riches were buried with such common citizens.

Paddy, as he is affectionately called at the MGH, has spent most of the past 173 years standing guard in the Ether Dome, silently watching history unfold. Present in 1846 at the first public demonstration of anesthesia in a surgical procedure, Paddy will again be on hand for a hospital milestone: reopening of the renovated Ether Dome in celebration of the 150th anniversary of that historic event.

Patient record data:

Name:

Unit No.:

Residence:

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MGH HOTLINE

WHAT'S HAPPENING

No shuttle on Labor Day
Shuttles will not operate Labor Day, Sept. 2. Regular shuttle services will resume Sept. 3.

Recognizing Rabbi Halbfinger
The MGH community is invited to a celebration in honor of Rabbi Abraham Halbfinger's 25 years of ministry with the MGH Chaplaincy. The luncheon gathering will be Sept. 9 at 1 pm in Burr Conference Room 6, Bartlett Extension, third floor. Those planning to attend should call 6-2220 by Sept. 4.

Partners to co-sponsor benefit
All members of the MGH and Partners are invited to attend Music as Medicine, a Dixieland jazz fund-raiser, Sept. 8 from 5 to 9 pm, co-sponsored by Partners HealthCare System. The event will benefit two nonprofit organizations: The Massachusetts Coalition of Battered Women Service Groups and Performers Outreach, which stages classical, jazz and popular concerts in hospitals, nursing homes, shelters and children's rehabilitation centers.

Tickets are $50. Student and resident admission is $10. For more information call (800) 322-2303, ext. 1346.

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F.Y.I.

Summer sweets

Throughout the bathing suit season now nearing completion, MGHers have not been deterred from savoring the sweet things in life.

Among the tasty treats topping off the thousands of meals the Department of Dietetics prepares and serves each week: 1,680 pieces of cake, 8,400 cookies, 6,000 muffins, 900 slices of fruit pies, 1,260 brownies, 2,240 dishes of gelatin cubes and pudding parfaits, not to mention assorted breakfast pastries and catered desserts.

In recent months this production parade, led by Rowan Baptiste, chief baker, has adapted to a change in space and shift to continue provisioning the populace during cafeteria construction.

Jorge Enriquaz, pictured, who works in the Ellison production kitchen, caters to the cravings of consumers by restocking dessert trays.

— *Employees key to meeting blood donation needs*

(Continued from Page 1)

clotting. Although pheresis involves spending about an hour and a half attached to a machine that removes the desired component before returning the remaining fluid to the body, at least one regular donor looks forward to her monthly visits to the donor room.

"It's actually a nice time, relaxing, reading or watching TV. And the staff in the donor room is great," says Christine Colby, PharmD, a pharmacologist in the Bone Marrow Transplant Unit, *(at right with Sherry Sinclair, RN, pheresis staff nurse).* "It's easy for me to do, I don't feel any ill effects, and I really appreciate the opportunity to help patients so directly."

Employees are always welcome to stop in and make a regular donation at the times listed at right. Calling in advance, however, can help avoid a wait if the donor room is particularly busy. Appointments are required for pheresis donations. ●

Blood donation hours
Monday to Friday, 8:30 am to 4:30 pm
Wednesday evenings until 7:30 pm

Call for more information

Regular donation	6-8171
Pheresis donation	6-8165

September 6, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Operations Improvement moves from design to implementation

As Operations Improvement (OI) begins to move from design to implementation, its effects are beginning to be felt throughout the hospital.

Next week the 21 clinical and administrative design teams will begin making formal progress reports at the OI meetings. James J. Mongan, MD, MGH president and COO, also will be meeting with teams individually to review progress to date.

The Thoracic Care Design Team, led by Douglas Mathisen, MD, chief of Thoracic Surgery, will be among the first teams to report. Recently, nurses, physicians and administrators involved in the design team's efforts gathered to mark the progress and to recognize Stephanie Macaluso, ANP, MSN, clinical nurse specialist in Thoracic Surgery, who coordinated the development of a patient guide to thoracic surgery and other patient education material.

OPERATIONS IMPROVEMENT

"Patient education is an extremely important part of Operations Improvement," says Ruth Dempsy, RN, nurse manager on Ellison 19.

Thoracic surgeon Cameron Wright, MD, agrees: "Setting up realistic expectations empowers patients to fully participate in their care, and that helps to make care more efficient and quality-oriented," he says. Patients have noticed a real difference with the materials developed in conjunction with the OI effort. Many patients who responded to a patient satisfaction survey stated that the new patient materials were very helpful.

Many of the clinical design teams are implementing care pathways — specific guidelines for certain procedures that enable caregivers to apply a uniform standard of care and that provide patients with a road map to recovery. In the case of Thoracic Surgery, clinical pathways

(Continued on Page 2)

Acknowledging expert practice

Stephanie Macaluso, ANP, MSN, *above,* became the first recipient of the Expertise in Clinical Practice Award at the Thoracic Care Design Team gathering last week. The new award is the first of a number of efforts under way within Patient Care Services to support and recognize expert clinical practice. Macaluso, who has worked at the MGH for more than 20 years, was cited for her numerous contributions to patient care and education, most recent of which is development of *A Patient Guide to Thoracic Surgery at Massachusetts General Hospital,* a cornerstone of the Thoracic Care Design Team's strategy. The patient guide carries a tribute to Macaluso, written by a number of physicians and nurses who have worked closely with her throughout her career. They write: "She has the keen ability to nurture staff and enroll them in her love of patient care. She epitomizes the essence of what we all hold as our shared belief of what the profession of nursing is truly about."

Pediatric Urgent Care Unit fills a need

When Charlene Francis and her daughter, Chanel, entered the MGH Pediatric Urgent Care Unit, they were tense and short-tempered. The feisty 5-year-old had swallowed one of her aunt's prescription pills, her mother announced to the unit secretary.

Within minutes, the two were ushered into an examination room, where Chanel was seen by Holly Rothermel, MD, chief pediatric resident. When they emerged, Charlene was calm and Chanel wanted to play.

"If your child had a fever, a sore throat, an earache or other urgent but non-emergency condition," says pediatrician Becky Chamberlain, MD, "on evenings and weekends your choices were to hold on until the morning and call your pediatrician or go to the emergency room, which involves an inappropriate level of care and most

(Continued on Page 3)

— Operations Improvement

(Continued from Page 1)

have been developed and implemented for four common procedures: lung, esophageal and tracheal surgery, and thoracoscopy. These pathways were developed by a multidisciplinary team that included physical therapists, respiratory therapists, social workers, doctors and nurses from thoracic surgery. The results for wedge resections on the lung surgery pathway are typical: aggressive pain management, effective physical therapy, prevention of complications and earlier removal of chest tubes decreased length of stay to an average of 4.9 days in 1996 from 9.7 days in 1995.

The benefits of this approach to patient care were recognized early on, not only by decreasing the average length of stay and ancillary test and medication utilization but also in the collaboration among members of the health care team and the new ideas that it generated. Information gathered from follow-up phone calls will lead to further changes. The pathways improve efficiency while simultaneously allowing caregivers to apply a best practice standard of care to all patients across the board, says David Read, MBA, MPH, OI project manager.

"THE ACHIEVEMENTS OF THE TEAMS SO FAR ARE EXCITING."

A number of medical pathways also have been developed, but their implementation has been much more challenging because the patients are scattered throughout the hospital rather than localized in a few units and there are many more caregivers involved. "We are now in the process of implementing several medical pathways, including community-acquired pneumonia, asthma and respiratory failure," says Taylor Thompson, MD. "The problems we have encountered in getting these pathways up and running are being overcome more slowly. We are working closely with the Emergency Department to ensure that pathway patients are identified and launched on the appropriate pathway as soon as possible."

The Thoracic Care Design Team also has begun to develop a number of nonpathway ideas, including decreasing the amount of time each procedure takes in the OR, shortening length of stay for mechanically ventilated patients on an intermediate care unit and performing all x-rays for Ellison 19 on the unit.

"Operations Improvement is an ongoing process," notes Liz Mort, MD, Operations Improvement director, "and the achievements of the teams so far are exciting. Ideas such as clinical pathways, more efficient scheduling systems, ambassadorial services and cross-training initiatives are among the many OI innovations currently being implemented. Discussions of the teams' progress with Dr. Mongan will provide a valuable opportunity for dialogue to position OI for continued success."

Future issues of *Hotline* will include updates on OI progress. ●

Back to the future: training the new ge

Back to the future. That's how Laurence Ronan, MD, describes a residency training program in both adult internal medicine and pediatrics that blends the resources of the MGH and BWH, combining the venues and experiences of tertiary care settings with those of community health centers. In addition to acting as director of the Harvard Combined Internal Medicine/Pediatrics Residency Program, Ronan has firsthand experience providing care in a manner that harkens back to decades past.

MGH•Chelsea HealthCare Center plays a prominent role in the Harvard Med/Peds Residency Program as a site for resident training. The health center's new location, which opened last month, has a dedicated Family Care Unit.

"I take care of multiple members of a family throughout the life cycle," says Ronan, who was recently appointed deputy director of the Division of Primary Care at Harvard Medical School. "I know my patients not just as individuals but within the context of their families. For instance, I recently examined a woman and her newborn at the MGH•Chelsea HealthCare Center. I know the mother's problems — hypertension and anxiety — and I'm getting to know the child. With the complementary knowledge, I can better help both mother and child with the issues they are facing — in this case, the mother's concerns about feeding and how the child is growing."

Ronan drew on his own training experiences to help create the Med/Peds Residency Program curriculum. As a primary care resident at the MGH in 1987, Ronan wanted to pursue his interests in pediatrics without setting aside his love of adult internal medicine. With help from the departments of Pediatrics and Medicine, he was able to arrange a schedule that incorporated elements of both

MGH HOTLINE

ralist physician

training programs. A formal Medicine/Pediatrics Residency Program was established in 1990 at the MGH.

Last year the program joined with a medicine/pediatric training program that involved BWH and Children's Hospital. Residents of the combined program divide their training between medicine and pediatrics over four years — instead of the three years required for most medicine or pediatrics residencies. The program differs from training in family practice in that, to gain deeper knowledge of medicine and pediatrics, the residents forego formal instruction in obstetrics.

"BWH and Children's Hospital have worked together for several years to develop a program to train residents in both adult medicine and pediatrics," says Marshall Wolf, MD, BWH associate physician-in-chief and director of Medical Housestaff Training Programs. "Bringing together the MGH program and the BWH/Children's program has allowed us to offer residents comprehensive training that exposes them to a variety of settings and approaches."

Ronan cites several advantages to linking the programs among them a coordinated curriculum, joint rounds and conferences, a concentrated teaching faculty, administrative efficiency and cost savings, and maximizing the best each

(Continued on Page 4)

— Pediatric Urgent Care Unit fills a need

(Continued from Page 1)

likely a long wait."

Since January, however, patients have had another choice: the MGH Pediatric Urgent Care Unit. Chamberlain, who serves as director of the unit, reports that the service has been very well received by both parents and referring physicians.

"Parents love it because they can come to a quiet, child-centered office and be seen immediately," says Chamberlain. "Community physicians love it because their patients are getting high-quality care and they know we're not trying to take their patients away from them."

Chamberlain notes that the unit works especially hard to inform referring physicians of the outcome of a patient visit immediately by fax. The physician thus has the information at hand the next morning.

The unit is located on C-7 and is staffed by a pediatrician, a nurse and a secretary. It is open weekdays from 6 to 10 pm, Saturdays from 4 to 8 pm, and Sundays and holidays from 11 am to 3 pm. The phone number is 4-2174.

"We can handle anything that can be done in a physician's office — from fevers and sore throats to blood tests and sprains," says Chamberlain. "Once in a great while we get a case that requires emergency care, and then we simply send the child down to the ED. But many of our cases come to us from the ED."

According to Brenda Ferdinand, unit practice manager, insurance companies also are pleased with the service. "They like it because we give high-quality care and it's significantly cheaper than a visit to an emergency department," she says. "We get such good feedback from our patients, especially from people who are from out of town."

For Charlene Francis and her daughter, the unit provided care that was both fast and convenient. "I'm from East Boston," Charlene says, "and this is the only hospital I know. The people are great here — they talk with you and calm you down. It's a great unit." ●

From left: Charlene Francis, Chanel Francis and Holly Rothermel, MD, chief pediatric resident.

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MGH HOTLINE

—*Back to the future*

(Continued from Page 3)

system has to offer.

An important emphasis of the program is the time residents spend training at health centers associated with the MGH and BWH. Residents spend a large portion of their time at either the MGH•Chelsea HealthCare Center, the MGH•Revere HealthCare Center or the BWH Brookside Community Health Center in Jamaica Plain.

Says Ronan: "The communities served by these health centers are dynamic blends of longtime residents and recent immigrants and refugees. By working in the health centers, our residents are exposed to a variety of ailments and patient situations that most hospital-based residents never experience. They become better doctors while providing needed care."

And the Med/Ped Residency Program is expanding in important ways. A recent three-year, federal Title VII primary care training grant provides funds to develop community-based educational experiences for residents caring for medically underserved patients in several Partners-affiliated health centers.

"Health care is increasingly emphasizing primary care and family practice," says Ronan. "Working with the communities we serve has never been more important. By combining the best of the past with the best from current medical practice, our Med/Peds Residency Program can help the community and may serve as a model for training physicians of the future." ●

There she goes...

Staff of the Department of Dietetics held a send-off reception for their colleague Lori Flick, RD, the MGH dietitian recently named Miss Massachusetts, *center*, as she began a leave of absence to prepare for competion in the Miss America Pageant. Showing Flick their support are, *left*, Martha Lynch, MS, RD, manager of clinical nutrition services and, *right*, Tammy McCormick, RD, clinical dietitian. MGHers can tune in to the Miss America Pageant, held in Atlantic City, Sept. 14 at 9:30 pm on WHDH-TV Channel 7.

What's happening

Exercise and pharmacological stress testing now available on weekends

To help reduce unnecessary hospital stays or delays, the Nuclear Cardiology/Stroke Stress Test Lab on Vincent-Burnham 3 is now available for weekend and holiday "stress" tests on an on-call basis. In addition to the lab's normal weekday hours of 7:30 am to 5 pm, tests can be conducted between 9 am and 3 pm on Saturdays, Sundays and holidays by calling the lab at 4-3600 during weekday hours. Although staff are encouraged to schedule anticipated weekend and holiday tests during regular business hours, the nuclear cardiologist on call for weekends and holidays can be paged by calling 6-9292.

Timilty volunteers needed

The MGH-Timilty Partnership is looking for volunteers to work on science projects with students from the James P. Timilty Middle School. Those interested in learning more about the program can attend a 15-minute information session, scheduled on the hour and half-hour as follows: Sept. 9, 11:30 am to 1 pm, CNY 149, first floor conference room; Sept. 10 from 1:30 to 3:30 pm, Wellman Conference Room. For other information, contact Andrea Gwosdow, PhD, partnership coordinator, at 4-3210.

Gastroenterology support group

The Department of Gastroenterology has formed a discussion/support group for patients with Crohn's disease and/or ulcerative colitis. The group is open to patients, families, friends and others who are interested. The meetings will alternate between the MGH and BWH. The first meeting will be at the MGH in the Trustee's House Conference Room, Sept. 9 at 6:30 pm. For more information call Kevin Knoblock at 4-6830.

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September 13, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

ADVANCES

Blood-vessel growth factor may protect tumors from immune system attack

WHY DOESN'T the body's immune system attack and destroy cancerous tumors? One clue may come from a surprising discovery made by researchers from the Steele Laboratory of Tumor Biology in the MGH Department of Radiation Oncology.

For tumors to grow and spread, the body must produce new blood vessels, a process called angiogenesis. This process, which also occurs in beneficial situations like wound healing, is stimulated by substances called angiogenesis-promoting factors.

In the September issue of *Nature Medicine,* a team led by Rakesh K. Jain, PhD, director of the Steele Laboratory, and Robert Melder, ScD, assistant biologist, reports that, while one powerful angiogenesis-promoting factor induced certain immune cells to adhere or stick to tumor blood vessel linings, another angiogenesis factor actually inhibited immune cell adhesion.

"These factors act as yin and yang to each other, which was a very pleasant surprise to us," Jain says. "While they act together in angiogenesis, in the area of immune cell adhesion they act in opposition."

Jain adds that the adhesion-suppressing factor might someday be used to protect transplanted organs against immune system attack or to reduce inflammation. Reducing levels of that factor in tumors might make immune-system-based cancer therapies more successful.

Along with Jain and Melder, the study's MGH coauthors were Gerald Koenig, Brian Witwer, Nina Safabakhsh and Lance Munn, PhD.

A shot in the arm for OI

AT THE OPERATIONS IMPROVEMENT leaders meeting Tuesday, James J. Mongan, MD, president and COO of the MGH, announced that $3.3 million would be released early from the Partners budget to the MGH Operations Improvement effort to enable certain OI initiatives to go forward.

A number of the OI teams' proposals depend on an initial outlay of funds to purchase equipment or develop systems that will save money in the longer term. The $3.3 million will be dedicated to getting some of the most promising of these projects up and running as soon as possible.

"As you know, I continue to be very committed to the success of the Operations Improvement effort," Mongan told team members gathered in the Trustees Room on Bulfinch 2 Tuesday. "In many ways, the future success of the MGH depends on the success of Operations Improvement. Continuing to improve service and enhance the quality of the patient experience while reducing the costs of providing care are critical elements to maintaining a competitive edge in the health care marketplace."

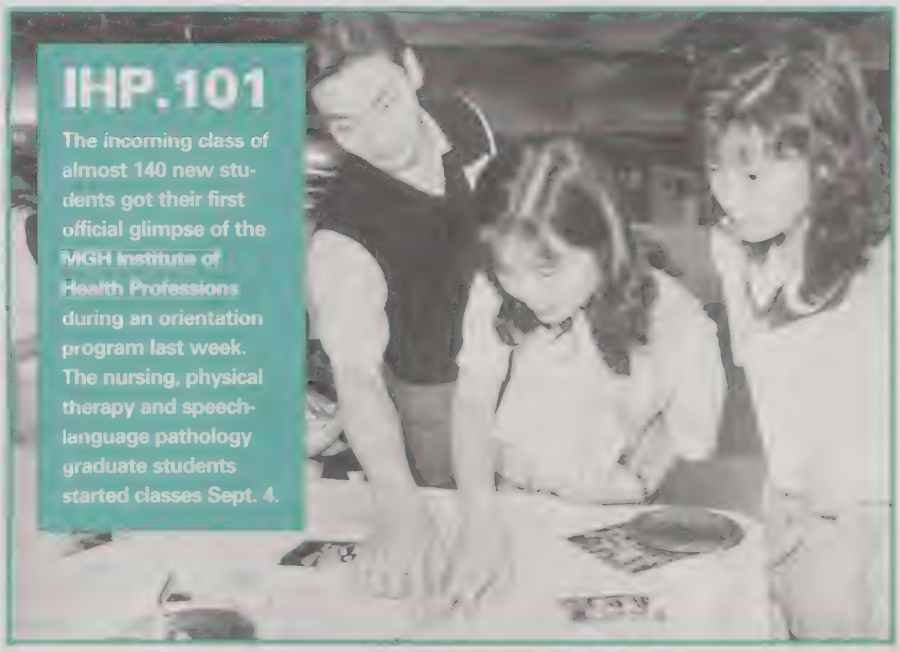
The meeting included other positive OI news as well.

Douglas Mathisen, MD, chief of Thoracic Surgery, presented the results of the Thoracic Care Design Team's OI initiatives *(see Hotline, Sept. 6).* Mathisen noted that clinical pathways are leading to important reductions in length of stay and patient satisfaction is being closely monitored.

In addition, Liz Mort, MD, the new director of Operations Improvement, reviewed inpatient statistics from the beginning of FY1995 through June of 1996, including length of stay, discharge disposition and readmission rates.

"The data show that more patients are leaving the hospital with home services or to rehabilitation facilities and with fewer readmissions," Mort noted. "This suggests that we're using resources across the continuum of care more efficiently."

Peter Slavin, MD, senior vice president and chief medical officer of the MGH, conveyed the group's thanks and best wishes to Jean Elrick, MD, outgoing OI director, who will be attending courses at Harvard Business School before assuming a new post at Partners HealthCare System.



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The incoming class of almost 140 new students got their first official glimpse of the MGH Institute of Health Professions during an orientation program last week. The nursing, physical therapy and speech-language pathology graduate students started classes Sept. 4.

MGH, McLean physicians coauthor book on loneliness

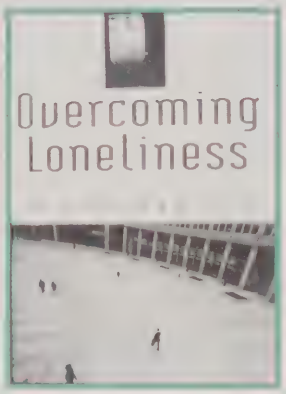
"WE ALL KNOW that a balanced diet and aerobic exercise can promote wellness, but most people don't realize that the simple act of spending an evening with family or having dinner with friends can also lead to a better, healthier life," says Jacqueline Olds, MD, a consultant to the Child Psychiatry Department at the MGH and a psychiatrist at McLean Hospital.

This concept was the catalyst for the recently published book *Overcoming Loneliness in Everyday Life,* written by Olds, her husband Richard Schwartz, MD, a McLean Hospital psychiatrist, and journalist Harriet Webster. The book explores the phenomenon of loneliness and examines and confronts this growing problem and its effects.

From their 20 years of clinical experience, Olds and Schwartz find that loneliness is one of the main sources of unhappiness in their patients' lives. In addition, new medical research shows that loneliness has a negative effect on physical health and that people have a biological need for social connections.

"Everyone experiences loneliness at some point," says Olds. "Our book attempts to break the barrier of shame that accompanies feelings of loneliness and to offer specific strategies on how people can build a strong social network." The book also focuses on different ways of combatting the feelings associated with loneliness.

Overcoming Loneliness in Everyday Life, published by Birch Lane Press, is now available in bookstores and soon will be on sale in the MGH General Store and Flower Shop. ●



"OUR BOOK ATTEMPTS TO BREAK THE BARRIER OF SHAME THAT ACCOMPANIES FEELINGS OF LONELINESS AND TO OFFER SPECIFIC STRATEGIES ON HOW PEOPLE CAN BUILD A STRONG SOCIAL NETWORK."

MGH smoking policy

In January the MGH expanded its smoking policy to help eliminate the clouds of secondhand smoke that hovered at the hospital's entrances. The policy is designed to promote the health, well-being and comfort of all MGHers.

Patients, visitors, volunteers, staff and employees are reminded that the hospital prohibits any smoking on or about MGH property, including the Cox Building, Emergency, White ramp and Bulfinch lawn areas; the perimeters of the WACC, White, Bulfinch, Wellman and Bartlett Extension buildings; Treadwell Library, WACC and Bulfinch patios. Smoking at CNY Building 149 is limited to the exterior of the West Entrance.

Those wishing to smoke may do so outside of the Jackson and Gray buildings along the Blossom Street side of the campus.

ADVANCES

Antidepressant shown effective in adult attention-deficit/hyperactivity disorder

AN MGH STUDY has shown that a common antidepressant drug appears effective in controlling symptoms of adult attention-deficit/hyperactivity disorder (ADHD). Published in the September issue of the *American Journal of Psychiatry,* the six-week study of 41 adults with ADHD showed that treatment with desipramine (Norpramin) was "significantly more effective than a placebo" in reducing such symptoms as inattentiveness, impulsivity and hyperactivity.

Timothy Wilens, MD, of the MGH Pediatric Psychopharmacology Unit, who led the study, says that desipramine — which also is used to treat depression, anxiety and chronic pain — has several benefits over stimulant drugs like Ritalin in treating ADHD. The medication need be taken only once a day, compared with three to five times for stimulants, making patient compliance much easier, and unlike stimulants, desipramine is not subject to potential abuse.

Although some still question whether ADHD persists into adulthood, Wilens and his colleagues believe that about half of those diagnosed with the condition as children will continue to have symptoms as adults. "For people with these problems, treatment with the right medication can be as powerful as giving glasses to someone with poor eyesight," he notes.

Coauthors of the paper were Joseph Biederman, MD, chief of Pediatric Psychopharmacology at the MGH; Jefferson Prince, MD; Thomas Spencer, MD; Steven Faraone, PhD; Rebecca Warburton; David Schliefer; Meg Harding; Coleen Linehan; and Daniel Geller, MD.

MGH HOTLINE

As a new school year starts, so too do MGH-Timilty Partnership programs

In 1989 the MGH and the Timilty Middle School in Roxbury developed a science mentoring program to cultivate an interest in science among the school's sixth-, seventh- and eighth-graders. From its original class of eight visiting Timilty students, that program now serves nearly 80 middle school children a year. But today's MGH-Timilty Partnership also features a school-based family center, a speakers bureau and Career Explorers Program.

"The MGH and the Timilty share the belief that educational opportunities and exposure to the workplace at a young age can have a significant, positive impact," says Joan Quinlan, director of the MGH Community Benefit Program. "The immediate goal of the partnership is to broaden horizons, increase self-esteem and create a sense of hope for the future. The long-term benefits are that we help protect these children against high-risk behaviors, elevate their economic status and avoid a poor health outcome."

The Timilty features a culturally diverse population of 550 students drawn from throughout the city of Boston. Through the leadership of school principal Roger Harris and the dedication of faculty, staff, parents, MGH volunteers and the students, the academic performance at the school has improved dramatically during the past several years. This year the Timilty was recognized by the U.S. Department of Education as a Blue Ribbon School, a national distinction of excellence.

In 1994 the partnership received a terrific boost from a five-year, $375,000 grant awarded by the Howard Hughes Medical Institute to enhance the school's science curriculum and expand the mentoring program. In only two years the number of participating Timilty students nearly quadrupled. Last year 75 Timilty students came to the MGH every other week to work on a science project with a volunteer adult mentor. In recognition of the participating MGH volunteers, the United Way of Massachusetts Bay awarded the mentors its annual Champions of Change Award.

In addition the MGH-Timilty Partnership has added important services and activities to support both the students and their families throughout the year. A school-based family center is designed to enhance family participation in student education. The center is funded by a grant from Partners HealthCare System and fully staffed by Timilty parents, who serve as liaisons between faculty administration and students families. Staff provide various outreach services as well as solutions to educational barriers such as fluency problems and transportation issues.

"TOGETHER WE ARE WORKING TO ENHANCE THE STUDENTS' SCIENCE EDUCATION, EXPOSE THEM TO POSSIBLE CAREER OPPORTUNITIES, ELEVATE ACADEMIC PERFORMANCE, PROMOTE FACULTY DEVELOPMENT, AND ULTIMATELY IMPROVE THE HEALTH STATUS OF TIMILTY STUDENTS AND THEIR FAMILIES THROUGH EDUCATIONAL INITIATIVES."

The MGH speakers bureau encourages adult volunteers to share information about their areas of expertise and careers with members of the Timilty community. Personal contact with a variety of professionals helps broaden the perspectives of students, teachers and parents about careers, while providing continuing education opportunities.

The Career Explorers Program illustrates the important connection between education and employment opportunities. In the fall MGH staff volunteers visit seventh-grade classrooms to discuss their own careers. In the spring the students visit the MGH for a morning to observe real-life work situations first-hand.

This partnership's eighth year will officially begin Sept. 18, at 1:30 pm, at a special kick-off event open to all MGH staff and employees. James J. Mongan, MD, president and COO of the MGH, Roger Harris, principal of the Timilty School, and partnership volunteers are scheduled to speak. Those interested in becoming science mentors or volunteering for any other partnership programs should contact the partnership office at 4-3210. ●

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MGH HOTLINE

IN GENERAL

Joseph C. Kvedar, MD, medical director of the MGH Telemedicine Center and Partners HealthCare System corporate director for Telemedicine and Remote Education, has been appointed to the Federal Communication Commission's Telecommunications and Health Care Advisory Committee. The group is charged with guiding the FCC in shaping policy regarding telecommunications in health care delivery. Kvedar was nominated by U.S. Congressman Edward Markey.

Elaine Hylek, MD, of the Department of Medicine, was recently awarded a 50th Anniversary Scholars in Medicine fellowship from Harvard University. The fellowships are designed to help support promising young faculty at critical points in their careers. Hylek also recently received the 1996 Primary Care Teaching Award from the MGH Primary Care, Medicine and Pediatric House Staff for her strong commitment to MGH's mission of education.

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WHAT'S HAPPENING

American Heart Walk team now forming at the MGH

Once again MGHers will join the Annual American Heart Walk Oct. 5. The MGH team will help raise money to support the American Heart Association's fight against heart disease, the nation's number one killer. Even those who cannot join the walk can help by supporting a walker. To find out more, call one of the following team leaders: Rose Guanci at 6-7400, Emily Handler at 4-3798, Christine McElroy at 4-3600, Mary McGehee at 4-0904, Tim Troiano at 6-2964 or Jean Williamson at 4-3078.

Deaf awareness program

A one-hour Deaf Awareness Program is available to clinical departments upon request. The program is designed to help educate staff and employees about issues such as sensitivity to deaf culture and legal issues related to the use of medical interpreters. Participants will be trained to use Telecommunication Devices for the Deaf (TTDs), which are available for patient use at the MGH. Contact hours and CME credits are pending.

To learn more about the Deaf Awareness Program, please contact Merylee Van Houten at 6-3480.

GLBA anniversary

The Gay, Lesbian, Bisexual Alliance will celebrate its second anniversary at the next general meeting, Sept. 18 at 5:15 pm, Bartlett Extension, third floor, Burr Conference Room. For more information, call the GLBA Hotline at 6-5687.

Walking to fight breast cancer

A team from the MGH will join the fight against breast cancer Oct. 6 by walking in Making Strides Against Breast Cancer, a five-mile pledge walk in Boston for the American Cancer Society. Pledge sheets are available in the Cancer Resource Room, Founders 120, from 11 am to 3 pm, Monday through Friday. For more information call team coordinators Joan Gallagher at 6-2551 or Sally Hooper at 4-1822.

Breast cancer information session at Chelsea

The MGH•Chelsea HealthCare Center and the MGH Comprehensive Breast Health Center will host an information session entitled "Breast Cancer: Risks, Diagnosis and Treatment." The session, which is open to the public, will be Sept. 26, from 5 to 7:30 pm at the health center's new location, 151 Everett Ave. in Chelsea. To register for the free program call 887-4133.

PBS special to feature ProTech program

The MGH and BWH are among 11 Boston teaching hospitals participating in Boston's ProTech school-to-career program, which will be featured on a PBS documentary "Jobs: The Class of 2000" airing locally on WGBH-Channel 2 Sept. 22 at 9 pm.

The one-hour special will include educators, business leaders, labor representatives, parents and community leaders who are collaborating via ProTech to better prepare students for college and careers in the 21st century. Among the students profiled is a ProTech participant who will soon be a radiation therapist. Some 50 ProTech students currently work at various Partners HealthCare System entities.

Partners Diversity Job Fair

This year's "Partners Diversity Job Fair" will be Sept. 19 from noon to 6 pm on Blake 8. Hiring managers and representatives from all Partners HealthCare System affiliates will be available to discuss job opportunities.

Fascinating forensics

Clinicians are invited to learn about "Fascinating Forensics" Oct. 3, 8 am to 4 pm. The session will include an introduction to forensics covering such topics as photography, dentistry and bite wounds, evidence preservation and weapons and wounds. For information call 6-3111.

Martial arts

Tae Kwon Do can be a fun, practical way to get in shape and improve flexibility, strength and self-confidence. A modern Korean martial art, Tae Kwon Do is offered at the MGH Mondays and Wednesdays at 6:30 pm and Fridays at 5:15 pm in the basement of Ruth Sleeper Hall. The fee is $10 for the first month and $25 per month thereafter. With an emphasis on kicking, Tae Kwon Do combines upper and lower body techniques to form an effective means of exercise and self-defense. Classes are appropriate for all ages, experience and fitness levels. Those interested are encouraged to contact Jay Baik at 4-1488 or *baik@helix.mgh.harvard.edu.*

September 20, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF [illegible]

A message from James J. Mongan, MD

SINCE JOINING THE MGH in March, I have spent time in departments and on units throughout the hospital, meeting and talking with many of you. I have enjoyed learning about your work, your jobs and your ideas. I have listened as you have expressed your concerns and asked a lot of questions.

To provide answers to these questions as soon and as best as I can, and to let you know about news, issues and announcements that may be of interest to you, I will be writing from time to time in *Hotline*. I believe that keeping you informed about the discussions that are under way at the MGH and at Partners is important to ensure that you understand the decisions that are made and the thinking behind them.

I am delighted to begin my *Hotline* discussions with some very good news involving two key appointments. Jeanette Ives Erickson, RN, MS, has assumed the position of senior vice president for Patient Care Services and chief nurse executive, and Dennis Ausiello, MD, has been appointed chief of Medical Services at the MGH and Jackson Professor of Clinical Medicine at Harvard Medical School.

During the past few months, as Jeanette has led Patient Care Services on an interim basis, I have relied greatly on her insight and her thoughtful perspectives on many difficult and complex matters. I have seen firsthand her extraordinary capacity for understanding the concerns of the nursing staff and health professionals. She is a willing and careful listener who has initiated some interesting avenues of two-way communication, such as open forums and regular rounds on the units, to learn what is on the minds of employees and address tough issues head-on. A dedicated professional, Jeanette has earned the respect and admiration of people throughout this hospital and beyond. I know the MGH community joins me in congratulating her on this much-deserved appointment.

Denny Ausiello, who succeeds John Potts, MD, at the helm of Medical Services, has served as the chief of the MGH Renal Unit since 1984. Over the years, Denny has proved himself time and again as an inspiring teacher, a creative scientist and a dedicated clinician. In recognition of his far-reaching contributions to his department and the institution, in 1991 he was named associate chief of Medicine. Strong leadership and a clear vision are qualities essential to the long-term success of a service as diverse and multifaceted as our Department of Medicine. Denny can provide the kind of direction, guidance and strategic thinking that will be critical in the years ahead. I look forward to working closely with him.

I also want to mention that MGH employees this week received information in paychecks about the FY 1997 wage and salary program. I am pleased that employees and staff will be eligible to receive an increase of 0 to 4 percent in the upcoming year. While the times continue to be challenging, we understand that MGH employees and staff are working incredibly hard, and these efforts must be recognized. It is also important for the MGH to maintain its compensation at competitive levels in the marketplace if we are to retain our dedicated and valued employees.

In my seven short months here, I have come to understand why the MGH has earned such a remarkable reputation and universal respect. The unwavering commitment to delivering the highest-quality, compassionate care to patients and their families; the relentless search for answers; and the resolve to pass along knowledge and expertise: These are qualities inherent in the people who are the heart of the MGH. I am proud to be part of this incredible tradition.

President and Chief Operating Officer

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Ausiello to lead Medical Services

DENNIS AUSIELLO, MD, has been named chief of Medical Services at the MGH, succeeding John Potts, MD. Ausiello has been chief of the MGH Renal Unit since 1984 and associate chief of Medicine since 1991.

"I'm extremely proud and excited to be taking on this responsibility," he says. "In one way or another, I've been associated with the MGH since I was 17 years old. Next to my family, the MGH represents the longest continuous partnership of my life."

Potts, who will now devote full time to his responsibilities as director of Research, says: "Denny Ausiello is a superb scientist, a dedicated and experienced educator and is deeply committed to the mission of clinical medicine. He is the ideal chief for this time in the history of the Medical Services and the MGH."

Ausiello says that, among the many challenges facing the hospital and the department in the coming years, three are primary: extending the hospital's resources beyond its physical facilities; helping to shape changes in the health care delivery system locally and nationally; and continuing to develop a strong, fertile partnership with BWH and other Partners HealthCare System institutions.

"We need to look at how we become a hospital without walls, how we bring our strengths and expertise not only into surrounding communities, but across the country and around the world," he says. "We need to continue building international centers of excellence that take advantage of the seamless intermeshing of our clinical care and research enterprises. There are few academic health centers in the world that have the breadth of talent and institutional investment in these areas that we have here at the MGH.

"In terms of our health care system," he continues, "it is somewhat ironic that, at a moment when science is bringing us more exciting ways to diagnose and treat illness, our delivery system is in such great upheaval. Our current system for conducting and financing both research and teaching is so intimately coupled with our health care system that changes to the one have a profound impact on the others. In our efforts to meet the demands of managed care, we have to find new ways of supporting the research and teaching aspects of our mission at our traditional levels of excellence."

"I'M EXTREMELY PROUD AND EXCITED TO BE TAKING ON THIS RESPONSIBILITY."

Ausiello adds: "I'm very optimistic that our Medical Services, in partnership with our colleagues at BWH, have the strength and leadership to help define a vision for the future of academic medicine. I'm particularly excited for the opportunity to work with Victor Dzau [MD] the new chief of Medicine at BWH, to continue developing a broad umbrella of partnership that will encompass two of the pre-eminent departments of medicine in this country."

James J. Mongan, MD, MGH president and COO, says: "Throughout his career at the MGH, Dr. Ausiello has been a superb clinician, researcher and educator. He has attracted an outstanding team of physicians and investigators to the Renal Unit. I'm delighted that he will lead the MGH Medical Services into the next century."

Samuel O. Thier, MD, president of The Massachusetts General Hospital and CEO of Partners, adds, "Dr. Ausiello's record of vision, leadership and commitment to excellent care for patients and the highest quality academic medicine will be important as the MGH moves forward as a vital part of the Partners system."

As part of his appointment, Ausiello will become the Jackson Professor of Clinical Medicine at Harvard Medical School, where he also is director of the MD-PhD program. He is a graduate of Harvard University and the University of Pennsylvania School of Medicine and completed his residency in Medicine and a fellowship in Nephrology at the MGH. His research interests encompass the movement of fluids and action of hormones in the kidney. He also leads the hospital's cystic fibrosis research program.

Ausiello was named after a nationwide search by a committee led by John Parrish, MD, chief of Dermatology. His appointment was effective Sept. 1 and approved by the MGH trustees at their meeting today.

Ives Erickson named head of Patient Care Services

JEANETTE IVES ERICKSON, RN, MS, has been named to the position of senior vice president for Patient Care Services and chief nurse executive at the MGH. She has been fulfilling the responsibilities of this leadership position since April when she was appointed to the role in an interim capacity.

James J. Mongan, MD, president and chief operating officer of the MGH, in making the announcement, called Ives Erickson an enormously valuable member of the senior leadership team.

"Jeanette has demonstrated repeatedly a remarkable ability to sift through complex issues and get to the heart of the matter," Mongan said. "Her vision and leadership will be essential in guiding this hospital in the years ahead."

Ives Erickson joined the MGH in 1988 as a staff specialist in Nursing. A graduate of Mercy Hospital School of Nursing in Portland, Maine, she received her bachelor's degree from Westbrook College in Portland, and her master's in administration from Boston University.

An in-depth look at Ives Erickson will be included in next week's *Hotline*.

MGPO debuts discharge summary letter to referring physicians

FOR A COMMUNITY PHYSICIAN who refers patients to the MGH, few frustrations are greater than a lack of communication with physicians at the MGH. One often-heard criticism is that the MGH has been too slow relaying information to community physicians about the patients they refer to the MGH. Referring physicians have reported that weeks or even months can pass before they are contacted by MGH physicians.

One effort aimed at ameliorating this problem was launched Aug. 19, when the MGPO Physician Referral Service (PRS) implemented a process to support sending out letters to referring physicians automatically when an inpatient's discharge summary is dictated by an MGH physician. With this new system, physicians who refer patients to the MGH for inpatient care will receive thank-you letters and unsigned copies of their patients' discharge summaries.

PHYSICIANS WHO REFER PATIENTS TO THE MGH FOR INPATIENT CARE WILL RECEIVE THANK-YOU LETTERS AND UNSIGNED COPIES OF THEIR PATIENTS' DISCHARGE SUMMARIES.

A PRS team led by Hilda Wiggins will support the system, which generates a letter and a copy of the discharge summary within 24 hours of dictation. The letter, sent on MGPO letterhead and signed by the PRS, is a simple note that identifies the patient's name and date of discharge and thanks the referring physician for sending the patient to the MGH.

Because timely response to referring physicians is crucial, PRS has established a two-week cutoff for sending these letters. If a discharge summary is not dictated within two weeks of the patient's discharge, a letter will not be sent to the referring physician.

"The point of this project is to get information on the patient back to the referring physician in a timely manner," says John W. Stakes, MD, director of the MGPO Specialty Care Development program and leader of the referral responsiveness initiative. "After two weeks, the value of this information is gone — it's old information, and the patient is likely to have contacted his or her physician by then."

Stakes emphasizes that not having this information is a source of frustration to referring physicians. "Doctors who feel the MGH is a 'black box' are going to refer their patients elsewhere," he says.

In addition to occasions on which the discharge summary is not dictated within two weeks of a patient's discharge, there are several other instances in which a cover letter and discharge summary will not be sent. Letters will not be sent regarding patients seen on Ob/Gyn and newborn services, which have their own process for notifying referring physicians. For confidentiality reasons, letters will not be generated on psychiatric patients. And a letter will never be sent in reference to a patient who dies.

At present, this process will apply only to those referred patients seen as inpatients at the MGH. PRS plans to expand the program eventually to include outpatients. Additional initiatives to improve responsiveness to referring physicians also are under way. MGH physician directories, which include photos and clinical profiles of all MGH physicians, were distributed to 13,000 referring physicians in eastern Massachusetts in early September, and an on-line medical records project is now in development.

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MGH HOTLINE

IN GENERAL

The MGH Telemedicine Center last month added the Dominican Republic to the list of countries to which it provides telemedicine services — diagnostic consultation via telecommunications. Thanks to the technical expertise of **Kimberly Galbraith,** corporate manager for patient education, television and videoconferencing at Partners, a team of MGH physicians from the **departments of Radiology and Pathology** used the Internet and videoconferencing technology to present a live interactive telemedicine demonstration to 70 of the Dominican Republic's top physicians as part of the dedication ceremony of a new health care facility in Santo Domingo. In addition to the Dominican Republic, the MGH Telemedicine Center has established official relationships with institutions in Abu Dhabi, Canada, England, Holland, Jordan, Lebanon, Mexico, Russia and Saudi Arabia.

The International Hospice Institute recently presented **J. Andrew Billings, MD,** of the Palliative Care and Medical services, with its Outstanding Service Award for "untiring and selfless efforts in providing ... the highest quality of physician education in the field."

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Update on BWH nurse strike vote

To help keep the MGH community informed, *Hotline* will carry updates about the nursing situation at BWH.

ON TUESDAY the Massachusetts Nurses Association (MNA), the union representing BWH nurses, informed BWH that its members voted to authorize a strike. The vote comes as the expiration of the contract between the MNA and BWH nears. The contract was initially due to expire Sept. 30, 1995, but had been extended for a year and will now expire Sept. 30, 1996. The MNA has had a bargaining unit representing nurses at BWH since 1967.

A vote to strike may or may not lead to an actual strike. Ongoing contract negotiations, intense media attention, informational picketing outside of BWH and the impending expiration of the contract between the MNA and BWH have raised questions and concerns for not only BWH employees and patients, but for many at the MGH as well.

"WE REMAIN OPTIMISTIC THAT WE WILL BE ABLE TO REACH A FAIR AND EQUITABLE AGREEMENT WITH OUR NURSES."

"We remain optimistic that we will be able to reach a fair and equitable agreement with our nurses," says Mary Fay, RN, vice president of Nursing at BWH.

According to information that BWH has distributed to its employees about the nursing strike vote, BWH and the MNA continue active negotiations, with two more sessions scheduled this month. The MNA is required by law to give the hospital at least 10 days notice of the intention to strike. The current contract prohibits any strike before Oct. 1. During that time, both the union and the hospital can continue to negotiate toward an agreement.

Although BWH is optimistic about reaching an agreement with its nurses and avoiding a strike, the hospital is prepared to respond with a contingency plan ensuring that patient care will not be compromised. ●

Keep these numbers handy

Auto page — 726-7777
Compliance Helpline — 726-1446
Environmental Services — 726-2445
Employee Assistance Program — 726-6976
Interpreters — 726-6966
Menu information line — 724-MENU (6368)
Police and Security — 726-2121
Recycling information — 726-2445
Shuttle service — 726-2250
Volunteer Services — 726-8540

September 27, 1996

MGH HOTLINE

Hitting the ground running on the first day

PART WAY THROUGH one of her first meetings as the newly named senior vice president for Patient Care Services and chief nurse executive, the questions about nursing unions begin. Attuned to the concerns of MGH nurses, Jeanette Ives Erickson, RN, MS, answers the questions directly and honestly before steering the conversation back to her vision for Patient Care Services at the MGH.

As a realist Ives Erickson is aware of the importance of addressing union issues. As an optimist she wishes that she and other MGH nurses could get back to the heart of their profession — caring for patients.

She has developed an integrated plan for nursing and other health professions focused on four areas: improving communication, developing a professional practice model, positioning nursing within the hospital so that it has a strong, positive influence and voice on patient care issues, and addressing salary and resource issues. Ives Erickson says she believes the model created at the MGH could set a new standard for practice by providing a framework for achieving clinical outcomes driven by critical thinkers and strong decision-makers.

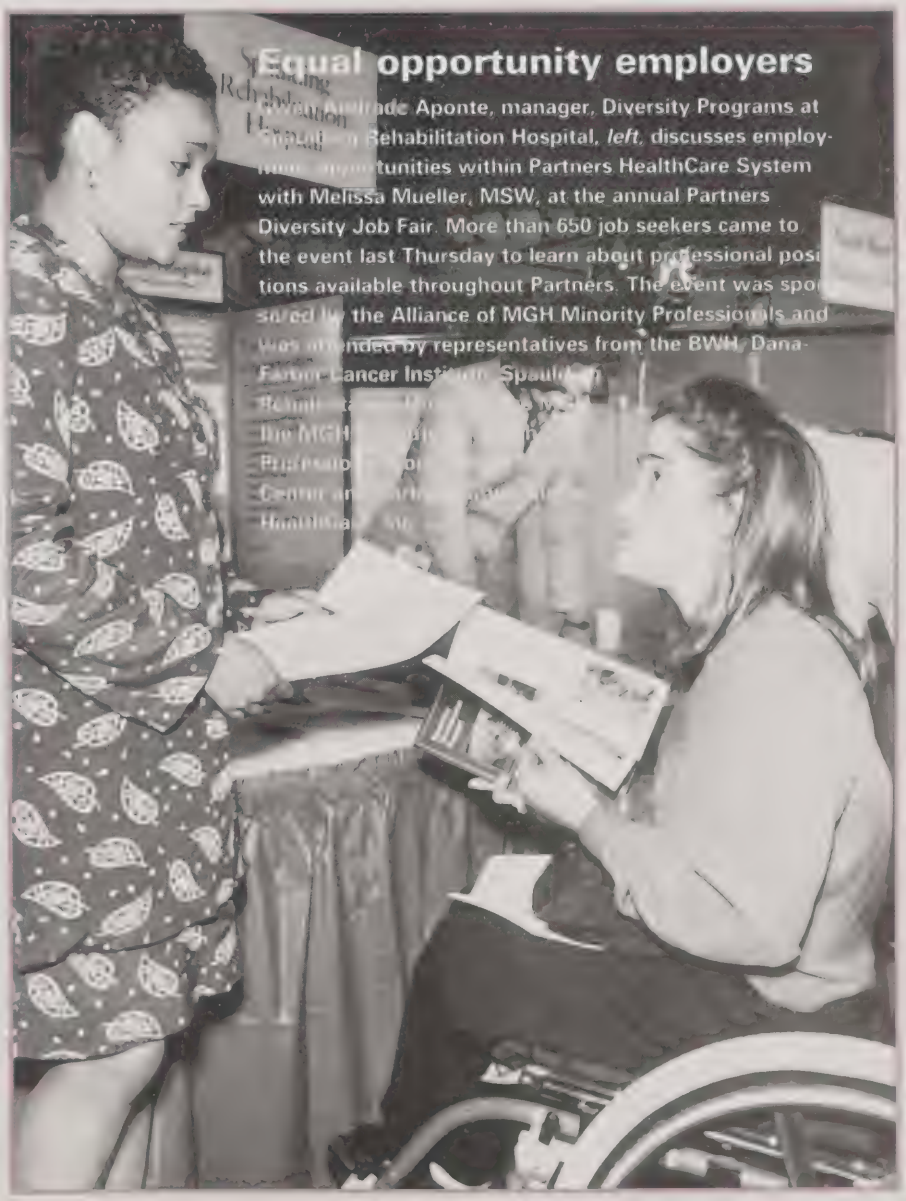
Although she expects that getting the plan up and running will take about a year, Ives Erickson says that clinicians will see and feel the pieces of progress much sooner. For instance, she soon will announce a committee structure designed to increase caregiver involvement in decision-making and planning. She is working on a variety of programs to advance, acknowledge and celebrate accomplishments. Under her direction, *Caring Headlines*, the newsletter for Patient Care Services, has been refashioned, with increased focus on communication and education.

The four-point plan, Ives Erickson explains, is not limited to nursing. The plan is broader and will include many disciplines in an attempt to integrate care and enhance professional collaboration and respect.

Open and ongoing communication is the cornerstone of her plan for Nursing and Patient Care Services. To that end she has developed avenues for two-way communication, such as open forums for nurses and multidisciplinary sessions.

When asked at an open forum for nurses if the recent announcement of an across-the-board increase of 3 percent for nurses'

(Continued on Page 3)



Equal opportunity employers

Aurinade Aponte, manager, Diversity Programs at [illegible] Rehabilitation Hospital, *left*, discusses employ[illegible]tunities within Partners HealthCare System with Melissa Mueller, MSW, at the annual Partners Diversity Job Fair. More than 650 job seekers came to the event last Thursday to learn about professional posi[illegible]tions available throughout Partners. The event was spo[illegible]sored by the Alliance of MGH Minority Professionals and was attended by representatives from the BWH, Dana-Farber Cancer Insti[illegible] Spaulding [illegible]

Updates on Dana-Farber/Partners CancerCare

Toll-free referral line links patients to DFPCC

A new 800 number referral line for Dana-Farber/Partners CancerCare (DFPCC) goes "live" in October, providing the general public with its first direct link to the adult cancer service formed earlier this year by Dana-Farber, BWH and the MGH. The number will enable patients to schedule appointments directly with individual physicians or multispecialty disease centers. It will become a source of general information about cancer. And it's toll free.

The number — 800 320-0022 — will be promoted in a series of advertisements scheduled to run in newspapers — including *The Boston Globe* and *Boston Herald* — throughout Greater Boston beginning this fall.

The referral line will be staffed by patient relations representatives at the Partners Community HealthCare, Inc. (PCHI), call center in Needham — chosen because of their track record for providing quality service, says Caroline McKenney, marketing consultant for DFPCC. Representatives will link callers with the appropriate physician by using a computerized listing of all joint venture physicians, disease centers and new-patient schedulers.

For callers who want to make an appointment, call center staff will arrange three-way conference calls with appropriate new-patient schedulers. Callers will be given the option of seeing a physician at either the MGH or the Longwood campus of DFPCC. Those calls in which no preference is expressed will be divided equally between sites. The call center, which will be staffed between 8 am and 8 pm, will use a special service to assist callers who do not speak English.

Referring physicians throughout New England also are welcome to use the new referral line, but they should also feel free to use established contacts to schedule appointments directly with DFPCC doctors, adds McKenney.

Inpatient move reset for January

The vision for Dana-Farber/Partners CancerCare (DFPCC) outlines plans for two campuses one at the MGH and another in the Longwood area. The Longwood site consists of inpatient space at BWH and outpatient services located at Dana-Farber Cancer Institute. With many details of the transfer of Dana-Farber's inpatients to BWH still to be worked out, DFPCC leadership has decided to postpone the move from early November to January 1997.

The decision reflects the extraordinary complexity of the move and the need to ensure that patients are transferred safely and comfortably, says Jim Conway, chief operating officer at Dana-Farber Cancer Institute.

"We want to be sure that when the move takes place, patients and families will experience a smooth and seamless transition from Dana-Farber to the new inpatient facilities at Brigham and Women's," says Conway. "The new move date will give us the opportunity to dot our i's and cross our t's and provide absolute continuity of care on move day. It will also provide the necessary time to ensure that all of our staff directly impacted by the transition are well supported."

Construction of new inpatient space progresses at BWH

In preparation for the move, construction of the new inpatient space at BWH progresses.

When construction at BWH is completed next summer, the Longwood campus of DFPCC will house 90 beds, located on the sixth and seventh floor of BWH's patient tower.

The bulk of conversion work involves installing special air-filtering equipment and infection-control systems, which are necessary for patients whose immune systems have been suppressed by chemotherapy. In addition, cosmetic upgrades will ensure patients and families are cared for in a comfortable, pleasant environment. ●

PARTNERS PROGRESS

Two physician groups join PCHI

TWO PHYSICIAN GROUPS recently joined Partners Community HealthCare, Inc. (PCHI), bringing the total number of primary care physicians in the network to nearly 600.

Good Samaritan IPA (independent practice association) has signed a professional services agreement with PCHI to represent 14 of its primary care physicians in an integrated practice organization relationship. The group has entered into this agreement selecting PCHI as its exclusive contracting agent for network managed care contracts. The group includes pediatricians, family practitioners and internists primarily practicing in Avon, Brockton, Easton, Stoughton, West Bridgewater and surrounding communities. The physicians of Good Samaritan IPA expect to announce a new name for their group shortly.

Also joining PCHI are 10 primary care physicians who have come together as an IPA to form Bristol Primary Care Associates for the purpose of providing managed care services through contracts with PCHI on an exclusive basis. These physicians practice in Fall River, Somerset and Swansea and have affiliations with Charlton Memorial and St. Anne's Hospital.

MGH IN THE NEWS

Daniel Kopans, MD, and other staff from the MGH Breast Imaging Center participated in a segment on new mammography technologies scheduled to air Oct. 2 on NBC's "Today" show. The program appears locally from 7 to 9 am on Channel 7.

MGH HOTLINE

— Hitting the ground running on the first day

(Continued from Page 1)

salaries is a reaction to an intensified union presence, Ives Erickson is quick to point out that the hospital traditionally announces salary programs just before the new fiscal year begins Oct. 1. She also notes that recent adjustments to salary ranges — made without the involvement of a union — will mean that MGH pay ranges for RNs are comparable to those at BWH.

"The people at this hospital have faced many changes throughout almost two centuries by working out issues directly with one another," says Ives Erickson. "With the recent increase in pressures, such as managed care, the level of fear and frustration tends to rise. Unionization, with its promise of solutions, could serve as one moment in time to let out all of the anger, worry and frustration, but it would move us to a rigid, inflexible bureaucracy defined by a third party. By continuing to face directly our issues — economic and practice — we can continue the nursing excellence that has defined the MGH since its inception."

A native of Portland, Maine, Ives Erickson joined the MGH as a staff specialist in medical nursing in 1988 and soon moved to the position of director of Nursing Support Services. There she focused on restructuring a centralized department of support service staff into a unit-based support system that still guides the department's structure. By aligning support service staff with nurse managers, she improved job satisfaction by strengthening the link to patient activities. The efforts proved effective as department turnover, which had been 38 percent, decreased to 3 percent. Later she was asked to lead the opening of the Ellison Building, a project she credits with broadening her work with all disciplines and operations areas. After that, her responsibilities grew to include clinical nursing director of Orthopædics and Neuroscience, then overseer of design and development of the Vincent Memorial Obstetrics Service. Nursing leader roles in Medicine and Pediatrics soon followed.

In her first nursing role, as a critical care staff nurse at Mercy Hospital in Maine, Ives Erickson says she saw firsthand the importance of the nurse interaction with a patient. "Now, in so many ways, nursing and health care are in a state of flux, but we must continue to find creative ways to preserve and protect that crucial nurse patient relationship," she says. "The time is right to carve out a new direction for the profession. I believe MGH nurses and health professionals — who have led with excellence before — can set the new standard of what our professions can and should be." ●

Memo of agreement between BWH and nursing union signed

ACCORDING TO BWH LEADERS, the memorandum of agreement between BWH leadership and the Massachusetts Nursing Association (MNA) will be brought to BWH nurses to be ratified Oct. 8.

The agreement achieves the three primary goals BWH sought at the negotiating table when talks began nine months ago, says Mary Fay, RN, BWH vice president of Nursing. The agreed-upon language gives BWH the staffing flexibility it sought to meet fluctuations in patient volume and acuity, allows BWH to remain competitive in the current marketplace and preserves jobs for nurses.

"This is a victory for patients, employees, the hospital and the nurses," says Fay. "We all could not be more pleased."

HIGHLIGHTS OF THE BWH AGREEMENT:

- Nurses may be laid off in the event of a decrease in inpatient volume or the elimination of a service or program. Limited job security is provided for nurses whose jobs are affected for other reasons.
- Approximately 45 percent of the nurses will continue to receive a 5 percent step increase.
- Because most of the eligible senior staff do not qualify for step increases, there will be a supplemental pension program.
- Both parties will follow the guidelines of the Massachusetts Nurse Practice Act regarding the role of the professional nurse in delegating responsibilities.
- An agreed-upon orientation process for staff who will float was determined.
- A voluntary resignation package has been provided for eligible nurses on leave of absence related to alleged environmental issues.

MGH HOTLINE

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WHAT'S HAPPENING

"United in Diversity"

The MGH will celebrate its sixth Cultural Diversity Awareness Day Oct. 4 from 11 am to 4 pm on the Treadwell Library patio of the main campus. Among the highlights will be an international marketplace, educational displays and dance performances. Free refreshments will include popcorn, snow cones and cotton candy. Cafeteria menus will feature selections from the MGH Cultural Diversity Recipe Book. The celebration is sponsored by the Department of Human Resources, the MGH Cultural Diversity Committee and the many MGH employees who volunteer to make the day's events possible. For more information, contact Barbara Holland at 6-5741 or via e-mail.

General Store East opens next week

The General Store and Flower Shop will open the General Store East Oct. 1 at CNY Building 149. Located near the central elevators, the General Store East will be open from 9 am to 4:30 pm, Monday through Friday, and offer such items as snacks, greeting cards and stationery, sundries, postage stamps, gifts, flowers and plants. Sponsored by the Ladies Visiting Committee, the shop will also feature film developing and worldwide floral delivery. In addition, customers will be able to order any item carried in the main campus General Store for delivery to the CNY shop within 24 hours. All MGHers are invited to stop by for Tuesday's grand opening, from 11 am to 2 pm, which will include a raffle drawing for flowers and gift items. As of Tuesday, the new shop's extension will be 4-2638.

Ready to quit smoking?

The MGH Quit Smoking Service's next group program begins Oct. 2 at 5:30 pm. The eight-week program includes sessions on preparing to quit, coping with stress without cigarettes, preventing weight gain and avoiding relapse. Participants have access to a telephone hotline and ongoing support, and the program can be combined with nicotine patch use. The cost for MGH employees is only $40. For more information, call Jennifer at the Quit Smoking Service, 6-7443.

WACC elevator changes

As part of the ground floor renovation project, the WACC north elevators (those nearest the White Lobby) are not stopping at the first floor through Nov. 15. When service resumes, the elevators will open on the opposite side, onto a new service corridor created by the renovation.

Partners in Diversity

Management employees of the MGH, the BWH and MGH affiliates are invited to attend Partners in Diversity, a program focusing on the impact of cultural differences on conflict, communication and the workplace environment. The session will feature an interactive discussion of diversity issues presented by Sonia Shah, a diversity consultant, and a look at Partners HealthCare System diversity initiatives. Partners in Diversity will be offered twice Oct. 3: from 8:30 to 10 am in the Bornstein Amphitheater at BWH and from 2 to 4 pm in the Bigelow Amphitheater at the MGH, followed by a 4 to 6 pm reception in the Wellman Conference Room.

Volunteers needed

Two special MGH programs are in need of new volunteers. The Homework Helper Program, which began this spring, pairs volunteer tutors with pediatric inpatients, particularly those who have long hospital stays. Discharge ambassadors are needed to assist inpatients as they leave the hospital. For more information on either program, contact Tom Branca of Volunteer Services at 6-8540 or via e-mail.

IN GENERAL

Samuel O. Thier, MD, president of The Massachusetts General Hospital and chief executive officer of Partners HealthCare System, received an honorary degree from Dartmouth College Sept. 24. The degree was presented during the college's convocation exercises at which Thier delivered the keynote address, "Medicine in the Twenty-First Century: Profession or Industry?" His presentation focused on the risks and opportunities for medical research in an era of change. Thier welcomed the class of 2000 and helped launch Dartmouth's yearlong celebration of the bicentennial of Dartmouth Medical School, which is the fourth oldest in the country.

"Dr. Thier has earned the profound respect of all segments of medicine," said Andrew G. Wallace, MD, dean of Dartmouth Medical School. "With a knowledge of the past and a vision for the future, Sam Thier was a perfect selection to launch the celebration of the medical school's 200th birthday."

National Community Health Center Week

THE MGH COMMUNITY HEALTH CENTERS in Charlestown, Chelsea and Revere took some time last week to mark National Community Health Center Week with informal celebrations for employees, staff and patients. The three health centers provide comprehensive care for their very diverse communities, bringing the services of the MGH to populations that are traditionally underserved.

Two of the centers have moved into new, greatly expanded facilities in the past year: the MGH•Chelsea HealthCare Center at 151 Everett Ave. opened in August, succeeding the MGH Chelsea Memorial Health Center that had served the community since 1978. Last fall, the new MGH•Revere HealthCare Center vacated space occupied at the Revere Post Office since 1984 for a new facility at Revere Beach. Along with the Bunker Hill Health Center, which started in Charlestown in 1968, the centers provided more than 165,000 inpatient visits and 79,000 emergency visits in the 1995 fiscal year.

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October 4, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Coming Oct. 15: Eat Street Cafe

The MGH's Eat Street Cafe — the long-awaited new food service in the White Basement — opens for business at 6:30 am Oct. 15. The new facility will seat more than 500 people in open seating and semi-private booths.

The Eat Street Cafe will offer everything from soup to deli items to pizza and ice cream, says Helen Doherty, RD, director of Dietetics. There will be a "chef's stage" offering charbroiled hamburgers, chicken and fish; a wok stir-fry station; a grill for sandwiches; a "carvery" offering freshly carved meats and casseroles; a salad bar with some 40 items; and beverage and dessert stations. A food market section will carry grocery items that can be bought to take out or take home.

To make meal purchases convenient and fast, Dietetics has created the Platinum Plate Express card — a special "credit card" that enables holders to deduct the cost of meals from their paychecks, according to Doherty. Anyone eligible for benefits on the MGH, MGPO, Partners HealthCare System or IHP payrolls — weekly or monthly — can sign up for a card.

Employees and staff can sign up for the Platinum Plate Express card in the WACC Hard Hat Cafe Monday,

(Continued on Page 4)

United in Diversity

The sixth MGH Cultural Diversity Awareness Day — "United in Diversity" — will be held today from 11 am to 4 pm on the Treadwell Library patio on the MGH main campus.

Same-day surgery will never be the same

When the OR-related Services Design Team for Operations Improvement began looking at ways to improve the quality of care delivered in MGH operating rooms, one area of focus was the Same Day Surgical Unit (SDSU),

where demand had steadily outstripped the unit's capacity as it was then organized.

With the growth of managed care plans and the increased pressure of insurance companies to hold down costs, as well as improvements in medical technology, the number of same-day surgical procedures has increased over the last five years, says Janet Dauphinee, RN, MSN, director of the SDSU and the Pre-admission Test Area.

The design team found that of approximately 12,000 same-day surgical procedures performed annually at the hospital, only about 8,000 of them were being done in the SDSU operating rooms. For various reasons — including scheduling issues, lack of certain equipment and insufficient resident coverage — the other 4,000 or so operations were being performed in the main operating rooms.

The result, the team realized, was that the SDSU was underutilized, according to team member Joan Sapir, Ambulatory Care.

The team recommended that the SDSU be reorganized and equipped to handle a much larger number of same-day surgeries. Starting Sept. 9, the SDSU began to take on a steadily increasing caseload. By year end, the team expects that the unit will be handling more than 80 percent of the same-day surgeries at the hospital.

Months of preparation have preceded

(Continued on Page 3)

Behind the scenes

A workman labors behind the east wall of the hospital's main corridor. On Oct. 15, the temporary construction wall is scheduled to be taken down, revealing a dramatically wider corridor with floor-to-ceiling glass windows looking out onto the Bulfinch Courtyard. Near where this photo was taken, a staircase will lead down to the MGH's Eat Street Cafe, which also will open for business Oct. 15.

Second book in MGH series focuses on menopause

Real-life comments from women punctuate the information contained in the book. The quotes — poignant, honest, sometimes embarrassing and often funny — provide a sense of support that may help women better understand what is one of the most anxiety-provoking and puzzling phases in life: menopause.

"Do you know why cardigans were invented as opposed to pullovers? So you can rip them off quickly when you're having a hot flash!" quips one woman in the book. Another woman reveals, "Whenever I had meat for dinner, four to six hours later I'd get hot flashes." Still another comments: "The same year I turned 50 my son turned 16. What with the mood swings I was going through just before menopause and my son going through teenage-adolescence, I thought we were going to kill each other."

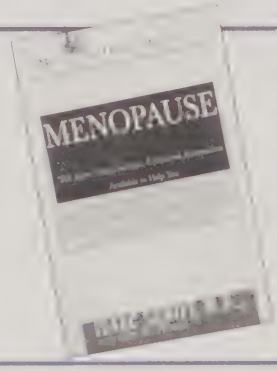
Traditionally, the subject of menopause has been shrouded in silence. Today, however, women want up-to-date and forthright information about this often-misunderstood phase, says Isaac Schiff, MD, chief of the MGH's Vincent Memorial Obstetrics and Gynecology Service and author of the newly published book *Menopause.*

In the book, Schiff quotes a 72-year-old woman who recalls that, "A few decades ago, the word 'menopause' never came up outside the doctor's office, and rarely inside." Contrast that to the woman who today proudly sports a bumper sticker proclaiming, "I don't get hot flashes, I get power surges."

"Science has raised our understanding of menopause, which has led to an increased — and much-welcomed — candor about the subject," says Schiff, who is editor-in-chief of the medical journal *Menopause* and past president of the North American Menopause Society. "This new awareness and heightened visibility enable women to realize what is happening as they go through menopause, to know what to expect and to manage the symptoms that may accompany this perfectly normal transition."

Emphasizing that menopause is not a disease, Schiff says that, although he sees many women with menopause-related health concerns, he avoids "medicalizing" this stage of life. In the book's introduction he writes, "I never forget that the women I *don't* see are the majority — the women passing through menopause who don't need special care."

The book, which Schiff wrote with freelance journalist Ann B. Parson, examines the physical as well as the emotional issues associated with menopause. It provides detailed information about the cause of menopause, its symptoms and the effects it can have on sex life, mood, weight and health. Each chapter serves up the kind of user-friendly information that helps women make informed decisions about such options as hormone replacement therapy or alternative therapies, including herbal remedies and acupuncture. A catalog of additional resources is provided at the end.



Traditionally, the subject of menopause has been shrouded in silence. Today, however, women want up-to-date and forthright information.

Published by Times Books, a division of Random House, *Menopause* is the second in the MGH's series of high-quality paperback health care books. The first volume, *Prostate Disease,* by W. Scott McDougal, MD, chief of Urology at the MGH, was published in May.

Martin Bander, former MGH director of News and Public Affairs who is coordinating the hospital's book series, has been working with physicians and professional writers to produce readable and accessible references for common medical issues. "The goal of the series," he says, "is to tap into the best thinking and information available and present it in a way that speaks directly and candidly to the reader."

Both books are available at the MGH General Store and other area bookstores. ●

Midlife changes in women

The MGH Vincent Memorial Obstetrics and Gynecology Service and the MGH Women's Health Committee are sponsoring a free women's health symposium Oct. 22 from 5 to 8 pm in the auditorium of the Blake Building. The symposium, entitled "Midlife Changes in Women," will focus on such topics as the medical needs of postmenopausal women, the effects of hormones on women's health, osteoporosis and alternative medicine.

Isaac Schiff, MD, chief of the MGH Vincent Memorial OB/GYN Service, will moderate a panel of MGH physicians and other nationally recognized women's health experts. A question-and-answer period and refreshments will follow the forum. For more information or to make a reservation, call the MGH Physician Referral Service at 800-711-4644.

PARTNERS PROCESS

Cytogenetics labs combine

As new plans continue for integration of Partners HealthCare System clinical laboratory services, BWH and MGH cytogenetics laboratories have moved to one site at BWH.

"Integrating our cytogenetics labs has been something that we've looked to do for a long time," says Robert Colvin, MD, chief of the MGH Department of Pathology. "As it turns out, tests that each of us had been sending out could be handled by the other team. Now, Partners can bring all cytogenetics testing in-house in one service, which should excel in quality and service."

Cytogenetics technicians, from left, Ljiljana Bozovic, Children's Hospital; Thomas Morgan, BWH; Ida Leone, MGH; Jennifer Dubois, MGH; and Melissa Gorman, BWH.

Integration will make the most of complementary capabilities of the MGH and BWH labs. Patients and staff will benefit from economies of scale and expanded scope of services.

"In combination with the cytogenetics services of the Children's Hospital already on site at BWH, the combined talent of the professional and technical staff will be unequaled," says Ramzi Cotran, MD, chair of the Partners Laboratory Strategy Committee and chairman of the BWH Department of Pathology.

Cynthia Morton, PhD, director of the BWH Cytogenetics Laboratory, will be the medical director of the Partners Cytogenetics Laboratory. Leonard Atkins, MD, an expert in bone marrow cytogenetics who established the first clinical cytogenetics laboratory at MGH in 1958 and is director of the MGH Chromosome Laboratory, will will be an associate director of the laboratory and will continue to have an office on the MGH campus.

A governance committee, consisting of representatives of both the MGH and BWH, will provide oversight of the laboratory.

Specimens should be sent to the Warren 2 Anatomic Pathology drop-off window, where they will be prepared for transport to the new laboratory. Employees should use the MGH miscellaneous requisition to order tests and should not send any specimens directly to the Partners lab. For more information, call the Cytogenetics Laboratory at 6-3894 or Warren 2 Pathology at 4-2167. ●

BWH names new Orthopædic leader

Thomas Thornhill, MD, has assumed the role of chief of Orthopædics at BWH, effective Oct. 1. Previously, Thornhill served as president of the New England Baptist Bone and Joint Institute and chairman of Orthopædics at New England Baptist Hospital. He is an associate clinical professor in Orthopædic Surgery at Harvard Medical School and has been a member of the Orthopædics staff at BWH since 1978.

Thornhill, who served as chief surgical resident in Orthopædic Surgery at the MGH, will be working with William Tomford, MD, acting chief of Orthopædics at the MGH, to continue the process of integrating the two orthopædic services.

Meanwhile, the search continues for a Partners HealthCare System chairman of Orthopædics, who will serve as academic chief of Orthopædics for both the MGH and BWH. ●

— Same Day Surgical Unit

(Continued from Page 1)

the change, including staff reallocation, training and the reorganization of space. The recently announced early release of Partners HealthCare System 1997 capital for the OI effort now makes it possible for the unit to purchase equipment it had previously lacked.

"It sounds simple," Dauphinee says, "but the systems that have to be in place for a smooth patient flow are extremely complicated. We needed to create a new preoperative process in addition to expanding recovery beds and increasing operative cases."

Says Michael Long, MD, staff anesthesiologist and OR design team leader: "Things have been going very well. Today we did 51 cases without too much trouble — if we keep that up, we'll easily meet our target."

Dauphinee says that from the patients' viewpoint, the changes will mean better continuity of care. "The patients are completely cared for in one place by the same staff," she says. "They are prepared for surgery, have their procedure, recover and receive teaching all in the same unit. Families receive timely feedback and are immediately available."

Says Sapir: "Staff have commented that the new recovery room in the SDSU is a larger and more pleasant environment for our patients. In addition, there is much improved communication between the holding area and the ORs because of their close proximity. The change also sets the stage for other planned changes in the main operating rooms — changes that would have been impossible without the changes in the SDSU first."

The changes in the SDSU are just part of a continuing process to rethink the way the MGH uses all of its operating rooms, says Ann Prestipino, clinical vice president for Surgical and Anesthesia Services and the MGH Cardiac Program. "The OR team has worked extremely hard in a complex arena to design a new system of care, with the goal of treating patients in the best and most efficient way possible in the most appropriate setting." ●

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MGH HOTLINE

WHAT'S HAPPENING

Flu vaccine
The MGH kicks off its flu vaccine campaign Oct. 15. Health care workers are advised to get the vaccine to protect themselves from contracting and spreading the flu. Getting the shot in October or November allows enough time to develop the protection level that is needed when the flu typically strikes in December. Employee Health is offering free flu vaccine to all employees and volunteers on a walk-in basis Oct. 15 through Oct. 18 from 7:30 am to 4 pm, and Oct. 21 through Nov. 29 from 7:30 am to 9 am; 11:30 am to 1 pm; and 3 to 4 pm. Those with questions may call 6-2217.

Depression screening
As part of Mental Health Awareness Week, the Employee Assistance Program is participating in National Depression Screening Day by offering free, 15-minute, anonymous, confidential depression screening tests to all MGH employees and their family members. The screenings will be Oct. 10, from 11 am to 3 pm, Vincent Burnham Building, fourth floor, room 427. Those who cannot go to the screening during the designated times are encouraged to call Employee Assistance at 6-6976 to schedule an appointment.

In addition, a screening open to the public will be offered by the Depression Clinical and Research Program at 50 Staniford St., fourth floor, from noon to 5 pm. Written and videotaped information also will be available. For more information call 4-6532.

Quality forum on OR changes
The next Quality Forum "Operations Improvement in the Operating Rooms: Challenges and Opportunities," hosted by Michael Long, MD, Anesthesiology, will be Oct. 10, from 5 to 6 pm in the auditorium on Blake 1. James J. Mongan, MD, MGH president and COO, will moderate. Those with questions or suggestions for future presentations should contact Elizabeth Mort, MD, director of Operations Improvement Clinical Care Management Unit via e-mail or at 4-4638.

Mail services guide
The 1996 edition of the Mail Services and Customer Services Center Guide is now available and being distributed. Additional copies may be obtained by calling Mail Services at 6-2261.

— Eat Street Cafe

(Continued from Page 1)
Oct. 7, 9 am to 3 pm and 5 to 7 pm; Tuesday, Oct. 8, 6:30 to 9 am and 10 am to 3 pm; and Wednesday, Oct. 9, 9 am to 3 pm. After the initial sign-up period, new cards will be issued after the week of Nov. 4 in the Eat Street office, 9 am to 2 pm, Mondays through Fridays.

Eat Street Cafe hours will be 6:30 am to 8 pm, Monday through Friday, and 7 am to 7 pm on weekends and holidays.

Established as an interim facility while the new food service was under construction, the Hard Hat Cafe in the WACC will close Oct. 14. The permanent WACC cafeteria also will close temporarily except for a light service of coffee and pastries beginning Nov. 4. The WACC cafeteria will completely reopen in January, Doherty says. ●

MGH Hotline
is published weekly by the MGH Development and Public Affairs Office.

Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office, 101 Merrimac St., fourth floor.

About ether ...

A symposium celebrating the first demonstration of ether will be hosted by MGH staff, Oct. 15 to 17, at Fanueil Hall with a black tie dinner at the Copley Plaza Hotel on the evening of Oct. 16. For information call Jennifer Thomas at 4-6426 or Melissa Franks at 4-6438.

The historic Ether Dome, which has been closed for renovations, will reopen to visitors Oct. 9.

The next *Hotline* will be a special issue commemorating the 150th anniversary of the demonstration of ether, to be distributed Tuesday, Oct. 15. The Ether Day listing will be included in the Oct. 18 *Hotline*.

McLean on track to meet FY'97 goals

McLean Hospital is $7 million closer to achieving its targeted goal of reducing the FY'97 budget by $9 million. Most reductions to date have come from redesigning operations and clinical services, and the anticipated savings in moving the child and adolescent program to Franciscan Children's Hospital and closing several buildings within the first quarter.

"It is through the hard work of the managers and staff of the hospital that we've achieved so much progress with relatively few staff reductions," says Michele Gougeon, McLean senior vice president for Operations/chief operating officer.

Final figures for staff reductions were 49 individuals. While McLean has reduced its full-time equivalent employees from 1,354 in FY'92 to 770 in FY'96 (excluding researchers), the proportion of clinical staff has increased from 49 percent to 62 percent of the total staff, a reflection of McLean's commitment to maintaining quality patient care.

Gougeon says that the Executive Management Group is confident the hospital can achieve the remaining $2 million in reductions. Discussions are under way with Partners over adjustments that could reduce the cost of certain Partners services.

"In addition," she says, "we will be keeping close track of the unit costs associated with our clinical services and continue to examine how we can best reconfigure our clinical services to meet the market demand for inpatient, partial hospital, residential and ambulatory care services." ●

October 16, 1996

MGH HOTLINE

SPECIAL EDITION

"We have conquered pain."

A CELEBRATION OF ETHER
OCTOBER 16, 1846 – OCTOBER 16, 1996

Medicine's greatest gift

ONE HUNDRED FIFTY years ago, in the operating theater on the top floor of the MGH's Bulfinch Building, one of the greatest moments in medicine occurred. On Oct. 16, 1846, William T.G. Morton, a Boston dentist, demonstrated the use of ether during surgery, ending the indescribable pain — and the overwhelming dread — that had been associated with the surgeon's knife.

Using a specially designed glass inhaler containing an ether-soaked sponge, Morton administered the anesthetic to Gilbert Abbott, a printer who had come to the MGH for treatment of a vascular tumor on his jaw. After several minutes, Abbott was rendered unconscious. John Collins Warren, MD, one of the most widely recognized surgeons of that time, then surgically removed the tumor. Upon wakening, Abbott informed the curious and skeptical physicians and medical students in the theater that he had experienced no pain.

As Abbott was being carried from the operating theater, Warren turned and faced the incredulous assemblage of onlookers. "Gentlemen, this is no humbug," he said, offering a peculiar, yet powerful, endorsement of the effectiveness of anesthesia in surgery. With these now-famous words, a new era of medicine began.

News of the discovery spread quickly, and within months it was hailed as the "greatest gift ever made to suffering humanity." An item in the *People's Journal* of London reflected this excitement:

> ***"Oh, what delight for every feeling heart to find the new year ushered in with the announcement of this noble discovery of the power to still the sense of pain, and veil the eye and memory from all the horrors of an operation. ... WE HAVE CONQUERED PAIN."***

Ether

by John C. Warren, MD

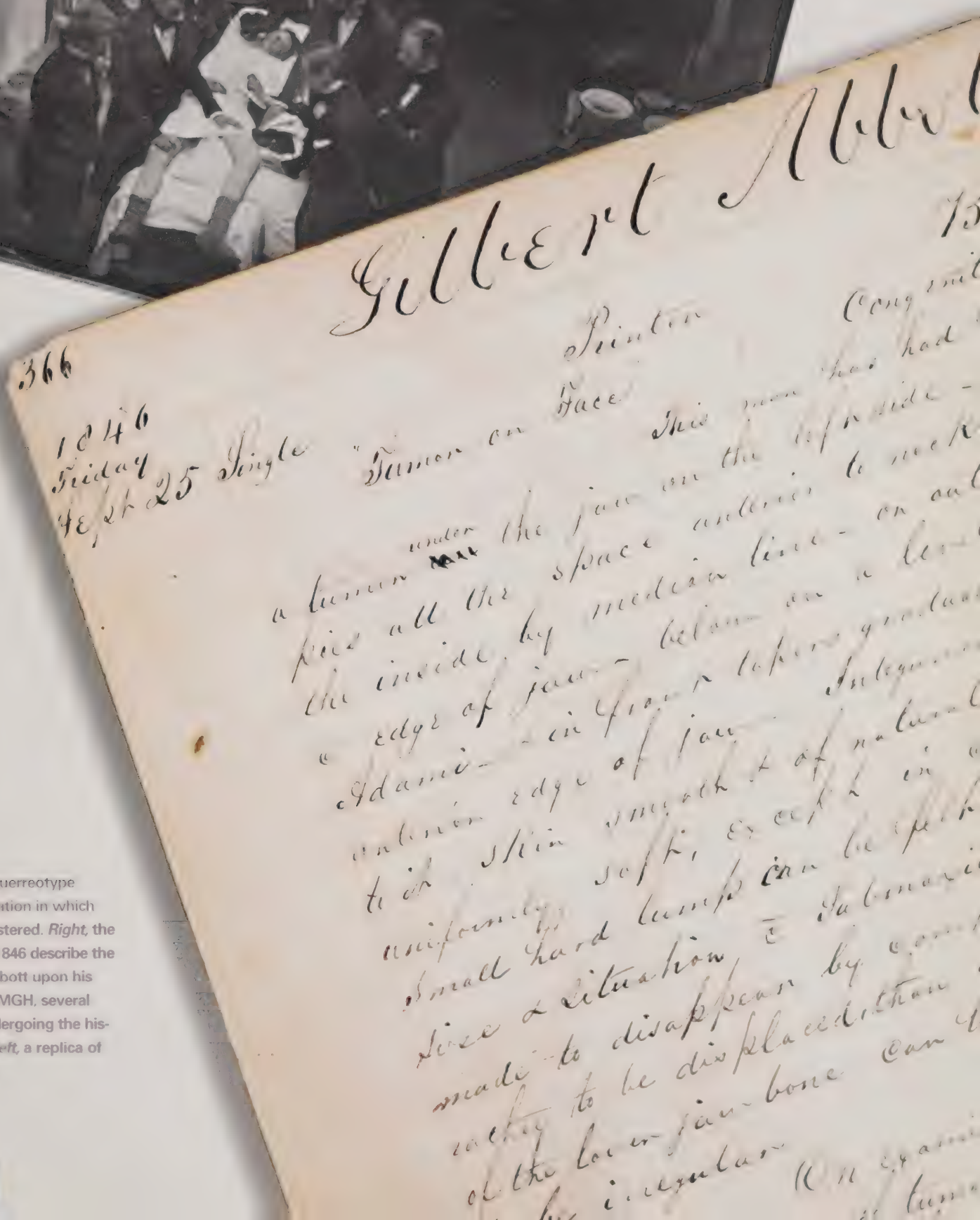
From writings by John Collins Warren, MD, describing the operation that he performed in 1846 on Gilbert Abbott, marking the first successful demonstration of ether at the Massachusetts General Hospital.

THIS CASE is remarkable in the annals of surgery. It was the first surgical operation performed under the influence of ether. Dr. Warren had been applied to by Mr. Morton, a dentist, with the request that he would try the inhalation of a fluid which, he said, he had found to be effectual in preventing pain during operations on the table. Dr. Warren, having satisfied himself that the breathing of the fluid would be harmless, agreed to employ it when an opportunity presented. Now occurring in private practice within a day or two, he determined to use it on this patient.

Before the operation began some time was lost in waiting for Mr. Morton, and ultimately it was thought he would not appear. At length he arrived and explained his detention by informing Dr. Warren that he had been occupied in preparing his apparatus, which consisted of a tube connected with a glass globe. This apparatus he then proceeded to apply, and after four or five minutes the patient appeared to be asleep, and the operation was performed, as herein described. To the surprise of Dr. Warren and the other gentlemen present, the patient did not shrink nor cry out, but during the insulation of the veins he began to move his limbs and utter extraordinary expressions, and these movements seemed to indicate the existence of pain; but after he had recovered his faculties, he said he had experienced none, but only a sensation like that of scraping the part with a blunt instrument, and he ever after continued to say he had not felt any pain.

The results of this operation led to the repetition of the use of ether in other cases and in a few days its success was established, and its use resorted to in every considerable operation in the city of Boston and its vicinity. ●

TO THE SURPRISE OF DR. WARREN AND THE OTHER GENTLEMEN PRESENT, THE PATIENT DID NOT SHRINK NOR CRY OUT.



Above, a daguerreotype of an 1847 operation in which ether was administered. *Right*, the surgical notes of 1846 describe the case of Gilbert Abbott upon his admission to the MGH, several [illegible] before undergoing the historic procedure. *Left*, a replica of Morton's inhaler.

An artist's interpretation

A depictions of the world-famous 1846 ether operation abound, perhaps none have received such attention as that completed by Robert Hinkley in 1893. According to a 1960 article in *The New England Journal of Medicine*, Hinkley, an American portrait painter who studied at the Paris Ecole des Beaux Arts, in 1882 began his painting of the ether demonstration as a speculative work and took 11 years to complete it. The painting lay unwanted in his studio until 1903, when it was accepted by the Boston Medical Library. From that point on, it received a great deal of attention, much of it unfavorable.

The Bigelow family was rumored to have objected strenuously to the depiction of family scion Henry J. Bigelow, MD, who is shown with his hands clutched to his chest and grim face averted from the operation, a notable exception to the rapt gazes of others depicted. More important, critics soon pointed to the work's historical inaccuracy. J. Mason Warren, MD; George Hayward, MD; and A. Lawrence Pierson, MD, all MGH staff members and prominent physicians of the day, are shown huddled around the operating chair. All three testified before a Congressional committee in 1849 that they had been absent from the Oct. 16, 1846 demonstration. Additionally, some of the spectators shown in Hinkley's gallery later were proven to have been elsewhere on the day of the historic surgery.

In his defense, some art historians posit that Hinkley intended the painting to serve not as a historical representation but as a composite of the most distinguished medical professionals of the day and that he chose the era's most notable medical discovery — the use of ether to achieve painless surgery — as a device to unify his allegory. The Hinkley painting today hangs in the Francis A. Countway Library of Medicine at Harvard Medical School in Boston. ●

Conquering surgical pain

Four men stake their claim

IT HAS THE MAKINGS of a great movie — powerful characters, an enticing plot and a strange twist of events — only this drama unfolds, in part, right here at the MGH. It involves the controversy surrounding four men who each claim to be the first to discover the means to prevent pain during surgery.

Possibly the first to conceive of using ether to alleviate the pain of surgery was Crawford W. Long, MD, of Georgia. It was not until others took credit for the finding that he claimed to have used it as early as 1841 for minor operations.

In January 1845, after using nitrous oxide successfully during tooth extractions, Horace Wells, a Connecticut dentist, was permitted to demonstrate his technique to a group of Harvard Medical School students at the MGH. Perhaps because Wells had administered an insufficient dose, the patient cried out in pain. The crowd laughed, yelled "humbug" and drove Wells out of Boston. In 1864, the American Dental Association and the American Medical Association credited Wells with the discovery.

Jackson *Long* *Morton* *Wells*

Two years later Boston dentist William T.G. Morton, a colleague of Wells, administered ether to C[illegible] Abbott at the MGH, marking the first successful public demonstration of the technique. Morton called his drug "letheon" but later was forced to reveal that it was simply ether.

Finally, Charles Jackson, MD, a Boston physician and chemist who had advised Morton to use ether, claimed to have a large part in the discovery and pressed his claims for credit all the way to Congress, which upheld Morton as the true discoverer.

Jackson had a history of making such claims — he also claimed that Samuel Morse stole his idea for inventing the telegraph.

With the battle still raging, each man fell infamously to his grave, never receiving full recognition for the discovery. Though no one person can take credit for the achievement, one fact has remained undisputed: The operating theater in the MGH's Bulfinch Building was the place where the first successful demonstration of ether during surgery took place, revolutionizing the practice of surgery. ●

Images courtesy of Wood Library-Museum of Anesthesiology.

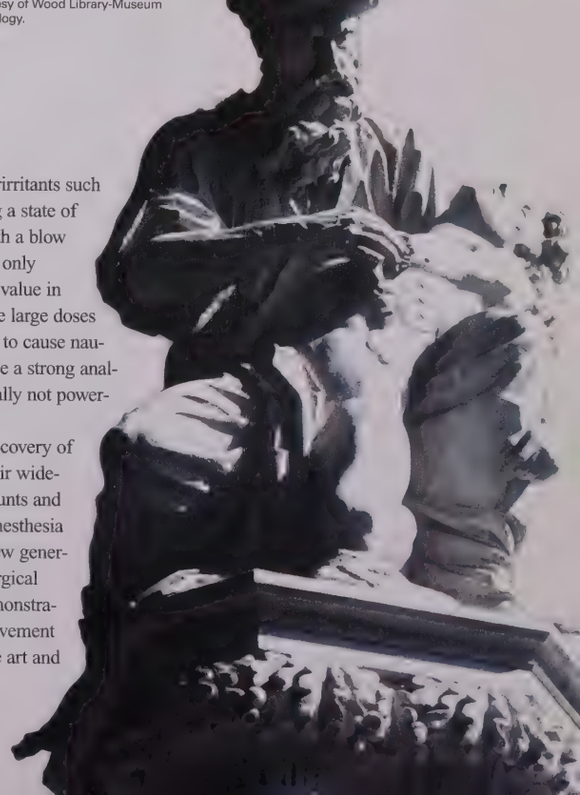
Surgery before anesthesia

E[illegible] was performed very infrequently prior to the advent of effective anesthesia. From 1821 to 1846, the annual reports of the MGH recorded 333 surgeries, representing barely more than one case per month. Surgery was a last and desperate resort. Reminiscing in 1897 about preanesthesia surgery, one elderly Boston physician could only compare it to the Spanish Inquisition. He recalled "yells and screams, most horrible in my memory now, after an interval of so many years."

Over the centuries, numerous techniques had been used to dull sensation for surgery. Soporifics [sleep-inducing and awareness-dulling agents] and narcotics were prepared from a wide range of plants, including marijuana, belladonna and jimsonweed. Healers attempted to induce a psychological state of anesthesia by mesmerism or hypnosis. Distraction could be provided by rubbing the patient with counterirritants such as stinging nettles. A direct but crude way of inducing a state of insensitivity was to knock the patient unconscious with a blow to the jaw. But by 1846, "opium and alcohol were the only agents which continued to be regarded as of practical value in diminishing the pain of operations." Unfortunately, the large doses of alcohol needed to produce stupefaction were likely to cause nausea, vomiting and death instead of sleep. Opium, while a strong analgesic, had significant side effects itself and was typically not powerful enough to completely blunt a surgical stimulus.

The fact that a half century passed between the discovery of the anesthetic effects of the inhalational drugs and their widespread clinical use is remarkable and tragic. The accounts and recollections of surgery before the days of effective anesthesia are gruesome. Remarkably, they were reality only a few generations ago. Today, it is easy to forget the burden of surgical pain. On this 150th anniversary of the first public demonstration of anesthesia, we can reflect proudly on the achievement of Morton and others like him who have advanced the art and science of [anesthesiology]. ●

"Surgery before anesthesia" was excerpted with permission from the American Society of Anesthesiologists newsletter, September 1996, Vol. 60, No. 9, Pages 8 – 10.



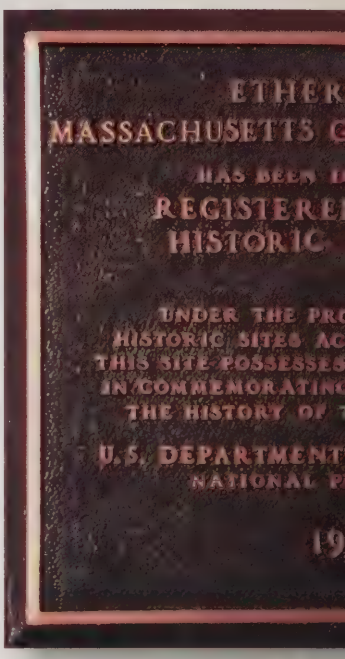
The Ether Dome: The Re

The cast statue of Apollo that today stands in the Ether Dome was given to the MGH in March 1845 by the Honorable Edward Everett. In exchange, the hospital trustees presented to him "their grateful acknowledgments for his beautiful gift, valuable as a memorial, that, amidst his arduous public duties in a foreign country, Mr. Everett feels an undiminished interest in the charitable institutions of his native land." The statue was crafted in the Louvre in Paris, France.

SPECIALISTS carefully scraped and packaged specimens. They analyzed the samples using advanced computer technology. Then, based on the analysis, they meticulously repaired the damage of decades.

What might sound like a description of a surgical procedure is a recap of one of the thousands of steps involved in restoring the MGH Ether Dome — the crowning structural feature of the first building of the hospital — in time for the 150th anniversary of the first successful demonstration of ether during surgery.

The specimens collected were in fact paint chips from the early 19th century that yielded clues to the original color scheme of the Ether Dome. Following those clues, design and architectural specialists ascertained the pigments and hues and replicated as closely as possible the original look of the room. In similar fashion, each area of the room has been restored.

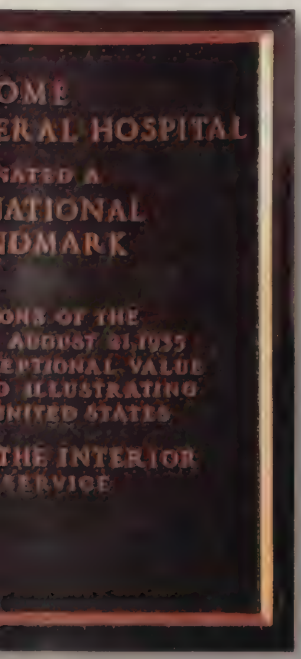


ONCE AGAIN THE UNOFFICIAL SYMBOL OF THE MGH IS A SHINING TESTIMONY TO A GLORIOUS MOMENT IN MEDICAL HISTORY.

This latest project is not the first time the Ether Dome has been altered and updated to meet changing needs and technologies since the cornerstone of the Bulfinch Building was laid July 4, 1818. Between 1821 and 1868 more than 8,000 operations were performed in the chamber — one door still bears the words "Operating Room." Since then, the dome served as a storage area until 1873, a dormitory until 1889, a dining room for nu until 1892, and most recently as a teaching amphitheater.

Designed by architect Charles Bulfinch, the construction of the

oration of an icon



The Ether Dome was designated a National Historic Site in 1965. In 1971 the Bulfinch Building was added to the roster of National Historic Landmarks.

Bulfinch Building was completed under the direction of Alexander Parris when Bulfinch was called upon to the design the nation's Capitol.

This latest renovation sought to restore as much of the room as possible while updating the site for current and future uses — new audio-visual facilities for slide projection as well as telecommunication and sound controls have been installed.

To accomplish a true restoration, architects and designers relied on historical documents and photos as well as clues from the current room. Early daguerreotype images of the room show that the original floor was made of wooden strips approximately five inches wide, which were replaced with con- c s part of a 1930s overhaul focused on bringing the site up to safety and fire codes. The cork floor seen in recent years has now been replaced with five-inch wide oak floor boards replicating the original pattern.

In that major 1930s renovation, the wooden-tiered seating was replaced with steel tiers. Although the seats have always been steeply arranged, originally there were seven rows of benches. Uncomfortably tight leg room inspired a change, and in 1939 only five rows were installed. In 1956 a sixth row of bicycle seats was added to the rear, and three curved benches were added at the front.

Originally lit naturally by sunlight, the Ether Dome has been modified to keep up with changing technology, first in 1849 when gas lanterns were introduced to the hospital, and again in the late-19th century when electrical lights were installed. In a 1956 renovation, the 1930s crook-necked lamps at each side of the amphitheater base were removed. New light fixtures were added along with motorized louvers at the skylight. All of the windows in the cupola at the top of the dome were replaced. With this latest restoration the interior of the dome and cupola are now lit by special lighting, including a new ring of lighting at the base of the cupola.

Restoring the dome itself proved more complex than initially anticipated, says Carleton Nickerson Goff of Planning and Construction. "At the start of the project, it was our intent to refurbish the cupola. But extensive rotting made replacing all of the structure supporting the dome necessary. All new work has, however, been completed to match the original design.

"Presenting a grand aesthetic cap to the entire refurbishing project, the copper dome over the cupola has been cleaned and polished," says Goff. Once again the unofficial symbol of the MGH is a shining testimony to a glorious moment in medical history. ●

Known as the surgical amphitheater until Morton and Warren's triumphant surgery in 1846, the name Ether Dome came into popular use soon thereafter. No record exists, however of who coined the name or when

The evolution of ether

Today's anesthesiology

TODAY THE DISCIPLINE of anesthesiology has expanded far beyond the operating room, as reflected in this year's change of the MGH department's name to Anesthesia and Critical Care. In the core area of general anesthesia, better drugs, improved monitoring and specialized training have been responsible for great improvements in patient safety and comfort during and after surgery.

"Your anesthesiologist is probably the doctor you know least," says Warren Zapol, MD, chief of Anesthesia and Critical Care. "But while you are in the operating room, he or she is responsible for keeping you safe during surgery."

Depending on the requirements of the particular operation, the anesthesiologist may need to paralyze the body with muscle relaxants, help maintain circulation and oxygenation of blood while the heart or lungs are stopped, determine the need to replenish blood components, or chill the brain or spinal cord to avoid nerve damage.

Ether has long been supplanted by newer and safer agents that allow more precise control of consciousness and result in fewer side effects like nausea. Anesthetic drugs that quickly disappear from the bloodstream allow many patients to go home within hours of certain surgical procedures.

A nationwide movement to improve anesthesia patient safety has been led by several MGH staff members — including Richard Kitz, MD, former chief of Anesthesia, and Jeffrey Cooper, PhD, director of Anesthesia Technology and Biomedical Engineering. Safer drugs and ever-improving equipment to monitor patient vital signs and control the flow of medication have recently been joined by a specialized training tool: an anesthesia simulator that allows anesthesiologists to experience handling major crises in a computer-controlled environment.

The anesthesiologist's expertise in keeping patients alive during surgery logically spilled over into helping patients through the critical post-surgical period as well. Intensive care units at the MGH and elsewhere were established, and many are directed, by anesthesiologists. During the 1950s, the use of mechanical ventilators to avoid lung complications in patients recovering from major surgery was pioneered by Henning Pontoppidan, MD, an MGH anesthesiologist.

Several techniques to relieve pain are offered through the hospital's Pain Center, a collaborative program involving anesthesiologists, neurologists and other specialists. Many patients use patient-controlled analgesia to self-administer pain-killing drugs through special intravenous pumps. The technique, which even children can use safely, allows for steady relief with less grogginess. Pain control also is key in helping patients resume activity after injury or surgery and, it now appears, in preventing nerve damage that can lead to chronic, ever-increasing pain.

Specialized research by members of the MGH Anesthesia and Critical Care Department is leading to ways to reduce the amount of blood lost during surgery, and probing the molecular basis of pain itself. Zapol and several colleagues have pioneered the use of the gas nitric oxide to improve lung function in several life-threatening conditions of infants and adults.

"The changes we see in hospital care today — more outpatient care, more serious illness in those patients who are hospitalized — means that the need for the specialized care delivered by anesthesiologists is actually increasing," Zapol says. "In collaboration with our colleagues in surgery, medicine, nursing, and other disciplines, we'll continue advancing ways to keep patients as safe, healthy and comfortable as possible."

MGH Hotline
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Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office, 101 Merrimac St., fourth floor Boston, MA 02114.

All photos by Jeff Thiebauth or courtesy of the MGH archives, unless otherwise noted.

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October 18, 1996

MGH HOTLINE

The transformation of the MGH

The walls come tumbling down

Tuesday morning it was a new experience to go into the MGH through the White front entrance. Gone were the construction equipment and the ubiquitous weather fencing. On the side of the WACC a glass and steel awning protected the approach.

Inside, the construction walls that had made the White Lobby seem at times like a lemon squeeze were also gone, and instead was a spacious area graced by two large information desks. The hallway to the WACC was suddenly wide enough to accommodate the Bunker Hill Day parade; and so too was the main corridor, which on the right gave way to floor-to-ceiling glass windows, and just past the new stairway to the Eat Street Cafe, to an unobstructed view of the Bulfinch Building.

Several hospital veterans could be heard to say that they would need a map to get around, but no one seemed to miss the cramped passageway that used to serve as the "main corridor."

To be sure, there is much work still to be done, and the dramatic change is only the first real unveiling of the true dimensions of the ground floor construction project. The wrapping has only just begun to come off, but already the MGH has been transformed.

Christina Kelley of Eastman

Eat Street Cafe off and running

At 6:30 Tuesday morning the first customers began trickling in. By 8 am the trickle had become a stream, and by 2 pm it was clear the steady stream might just as well be called a river. The MGH's Eat Street Cafe was off and running.

"We've served more than 16,000 people — twice the usual number," said Helen Doherty, director of Dietetics, whose ebullient spirits were in direct proportion to the hard work and spirit of her staff. Additional seating will be available across the hall from the cafe by Oct. 25, Doherty said.

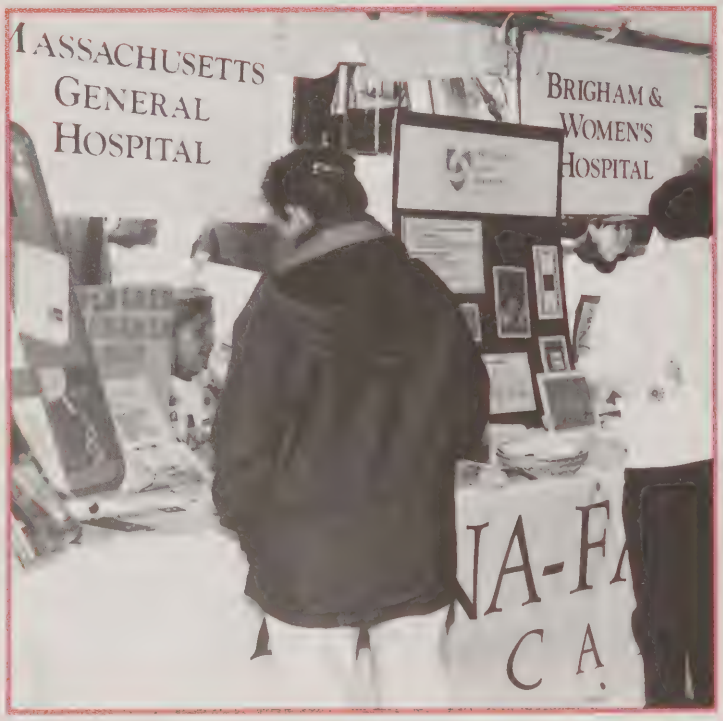
The cafe's river of customers was sprinkled with some who just came to look around, but most came to eat. The chief difficulty was choosing: everywhere there were signs of indecision.

Primo pizza or a self-created deli sandwich? Flame broiled hamburger or grilled pork chop? Broiled boneless chicken sandwich? No, the salad bar. Or how about stir-fried chicken cooked to order in a wok? Or Yankee pot roast? Or chicken picata? Or just a soda and a bag of chips?

But finally the decisions were made and diners found themselves in a large pleasant room divided into numerous sections that somehow encouraged both conviviality and quiet contemplation. The fact that virtually every seat was taken at any given time did not seem to dampen anyone's spirits. The MGH had been transformed.

Chelsea hosts open house tomorrow

The MGH-Chelsea HealthCare Center has moved to a spacious, modern facility at 151 Everett Ave., across from the Mystic Mall. To celebrate the move and introduce the community and MGHers to the services at the new site, the center will host a day of activities, entertainment and health screenings tomorrow, Oct. 19. A program and ribbon cutting will run from noon to 1 pm; the open house will be from 1 to 4 pm. For information call the center at 884-8200.



Making strides

As part of the Dana-Farber/Partners CancerCare (DFPCC) team, MGH staff and employees joined more than 17,000 people Oct. 6 to help fight breast cancer as part of the Making Strides Against Breast Cancer walk, sponsored by the American Cancer Society.

This year marked the first time that the MGH, BWH and DFCI cosponsored three information tables — one for each institution — under a single DFPCC banner.

Adult oncology patient transfer slated for January

While moving adult inpatients from Dana-Farber Cancer Institute (DFCI) to BWH is still several months away, plans are already under way for the mid-January move. A specially selected Move Team, comprised of staff and employees from more than 30 departments at DFCI and BWH, is coordinating the move.

"We are charged with ensuring that patients are moved safely and comfortably — that every aspect of the move is considered and coordinated well in advance," says Susan Grant, RN, MSN, chief of Nursing at DFCI and chair of Nursing at Dana-Farber/Partners CancerCare.

Along with choreographing the basic elements of the move, such as which patients will be moved when and where, the team is also charged with other critical tasks, such as staff training, communication, admissions and registration and transplant patient location.

Transition Support Team helps with change

To help address employee and staff questions and concerns regarding the integration of DFCI and BWH adult cancer services, joint venture leaders have formed a Transition Support Team of experts in organizational change. The team will help foster opportunities for employees and staff from each institution to get to know their colleagues and ensure that staff are equipped to help patients through the move and have the resources they need during the change. A celebration is also being planned — at about the time of the move of DFCI inpatients to BWH — to recognize staff members' hard work and usher in the new, combined program.

Bulfinch beat

Hundreds of MGHers, patients and visitors were treated to performances by such diverse cultural entertainers as Israeli, Native American, Gypsy and gay and lesbian dancers, an Irish vocalist, as well as African American entertainers Art of Black Dance and Music, *left,* at the sixth MGH Cultural Diversity Awareness Day Oct. 4. The theme of the day's events was "United in Diversity." The festival, sponsored by the Department of Human Resources and the MGH Cultural Diversity Committee, included an international marketplace, educational displays and an international menu in MGH cafeterias.

Ether Day 1996

Five Years

Carol Ann Ostle, Gift Planning

Alan Ashenberg, Medicine

Mary Brown, Dietetics

Edward Ellenz, Pediatric Service

Eugene Hahn, Harvard Pilot Hospital

Lewis Maynard, Medicine

John Meals, Arthritis

Raymond Moskos, Radiology

Lucille Picker, Neurology

Philip Porter, Pediatric Service

Maxwell Potter, Psychiatry

Angela Wilkinson, Infectious Disease Unit

Ten Twenty Years

Lester Hoyer, Orthopedic Surgery

Constance Dionisio, Burn and Trauma Services

Joyce Heghinian, Radiology

Eric Holmes, Environmental Services

Lorna Gallagher, Operating Room Administration

George Gibbs, Medicine

Gladys Costello, Emergency Services

J. J. Czarnetzki, Nursing

Geoffrey Dawes, Medicine

M. Daniel, Operating Room Administration

Marion Dicenta, Dietetics

Michael DeGregorio, Radiology

Lorraine Denning, Admitting Services

Robert Dupuis

Richard Duvoir, Environmental Services

Kathleen Domanzewicz, Administration

Gail Gavel, Nursing

Joann Gaeta

Sirrel

Susan Gouldsouzian, Anesthesia

Jerome Grossman, Medicine

Joseph Guerrero, Cardiac Unit

Ivan Hansen, Chemistry Laboratory

Dorothy Hogan, Nursing

Mary Hopper, Nursing

Vincilia Johnson, Laboratory Support

Stuart Kamenar, Psychiatry

Robert Leinbach, Medicine

Mary Levine, Orthoptics

Melvyn Levine, Pediatric Service

Harvey Levy, Pediatric Service

Daniel MacDougall, Radiology

Eleanor Marchi, Nursing

Dorothy McGrath, Radiology

Ola Mitchell, Dietetics

Robert Neff, Mineral Metabolism

Daniel Nozik, Anesthesia

William Pachan, Spaulding Rehabilitation Hospital

Joanne Passalardo, Nursing

John Potts, Medicine

William Powell, Medicine

Anthony Ricci, Dietetics

Mary Shamma, Radiology

William Shipley, Radiation Oncology

Harvey Simons, Finance

Maryanne Spicer, Administration

Roger Sweet, Medicine

Evelyn Waitzkin, Psychiatry

Ronald Weinstraub, Surgery

Fifteen Twenty Five Years

Henry Abraham, Psychiatry

William Adams, Surgery

Hassan Ali, Anesthesia

Claudette Altamirano, Nursing

Javanti Amin, Pharmacy

Wendia Ashford, Medicine

Patricia Atwood, Medical Records

Dennis Auriello, Medicine

Michael Bomberg, Dermatology Research

Roman Baptiste, Dietetics

Daniel Becker, Radiology

Ann Bieder, Hematology

Arlene Burma, Nursing

Lucienne Cahen, Pediatric Service

Ronald Callahan, Radiology

Christine Camardo-Macedi, Cardiac Surgery

Vincent Candelupo, Nursing

Herbert Carey, Neurosurgery

Angelina Carvalho, Anesthesia

John Chagalian, Orthopedic Surgery

Lisa Chang, Radiation Oncology

David Chedekel, Psychiatry

Edward Coakley, Nursing

Anne Cocuzzo, Nursing

Samuel Coulter, Neurology

Hortencia Cova, Dietetics

Regina Crowley, Hematology/Oncology Unit

David Cullen, Anesthesia

Salvatore Delluca, Radiology

Therese Dias, Professional Billing

John DiMarco, Buildings and Grounds

Richard Dingle, Buildings and Grounds

Nancy Dorris, Nursing

Matthew Dumont, Psychiatry

Robin Emrich, Blood Transfusion Service

Michael Epstein, Pediatric Service

Nabil Eshoy, Anesthesia

Lucille Fairclough, Surgery

Cynthia Falconer, Environmental Services

Johnny Farris, Orthopedics

Joyce Farris, Central Sterile Reprocessing

Joel Feldman, Surgery

Ellen Fitzgerald, Molecular Biology

Clarence Frederick, Environmental Services

Jerry Friedman, Psychiatry

Arlan Fuller, Vincent Obstetrics and Gynecology

Hart Gaige, Surgery

Edna Gayle, Nursing

Gail Gazarian, Nursing

Mark Goldman, Medicine

Clara Gracie, Dietetics

Pamela Griffin, Urology

Jerry Grompton, Neurology

Anna Sue Greene, Nursing

Dennis Gurgel, Biomedical Engineering

Debra Gutfriel, Blood Transfusion Service

Johann Hedar, Anesthesia

Charles Hales, Pulmonary and Critical Care Unit

Rita Healey, Bunker Hill Health Center

Eric Johnson, Buildings and Grounds

Grace Johnson, Medical Records

Richard Johnson, Dermatology

Vivian Johnson, Surgical Associates

Marjorie Kachoris, Bacteriology Laboratory

David Kanarek, Pulmonary and Critical Care Unit

James Kalyvitek, Environmental Services

John Kelly, Consultant in Oral and Maxillofacial Surgery

Philip Kistler, Neurology

Kapeathy Krishnamoorthy, Neurology

William Lione, Finance

Robert Levine, Neurology

Dulcie Lewis, Nursing

Gwynn Lewis, Dietetics

David Link, Pediatric Service

Merrill Lipple, Dermatology

Flora Lois, MGH Chelsea HealthCare Center

Rosemann Mandell, Neuroscience Center

Mary-Jo Mansfield, Nursing

Ruby Mark, Dietetics

Richard Martino, Radiology

Richard Masella, Neurosurgery

John Mazurkiewicz, Buildings and Grounds

James McCarthy, Materials Management

Deborah McGrath, Surgical Associates

Keith Miller, Anesthesia

Dorjeshe Minjang, Chemistry Laboratory

Rosa Moorad'jani, Thyroid Endocrine Laboratory

Dora Moore, Materials Management

Richard Moore, Dietetics

Thomas Murphy, Police and Security

Ronald Newhower, Administration

Donald Nowak, Psychiatry

John O'Brien, Psychiatry

Catherine Padyk, Transplant Surgery

Deborah Palmer, Nursing

Carol Papadopoulos, MGH Chelsea HealthCare Center

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Gerard Pellegrini, Cardiac Unit

Daniel Perrin, Anesthesia

Glenda Pessoa, Anesthesia Services

Irma Pollert, Laboratory Support

Ann Quigley, Nursing

Lynn Ramos, Social Service

Harold Randolph, Admitting

Physical Therapy

Jane Reizenstein, Blood Transfusion Service

Malcolm Rosenblatt, Psychiatry

Alicia Rounds, Nursing

Sherry Rousseau, Surgical Associates

Robert Rubin, Infectious Disease Unit

Karen Ryan, Nursing

Beatrice Salmon, Chemistry Laboratory

Robert Sedgwick, Radiation Oncology

Diane Sethmans, Nursing

Arvind Shah, Pharmacy

Nyla Shelleto, Dialysis Unit

Nancy Simonetti, Nursing

Myron Singer, Pediatric Surgery

Vincent Sites, Radiology

Marion Small, Nursing

Susan Smith, Transplant Surgery

James Spooner, Pediatric Microchemistry Laboratory

Ellen Springstead, Dietetics

Dolores Standing, Nursing

Philip Stevens, Radiology

Karla Stenger, Surgical Research

Jane Swanson, Human Resources

Ralph Sweetland, Orthopedic Surgery

Omelia Tabit, Nursing

Juan Taveras, Radiology

Courtney Taylor, Environmental Services

Patricia Thomas, Nursing

James Titus, Cardiac Surgery

David Tobbes, Pediatric Service

Virginia Wade, Nursing

Arthur Waltman, Radiology

Margaret Welkie, Surgery

Mary Williams, Nursing

Sylvia Wilson, Dietetics

Kathleen Winston, Nursing

Lawrence Wood, Internal Medicine

Robert Wyllie, Dietetics

John Wright, Biomedical Engineering

Twenty Years

Michele Angelo, Arthritis Unit

Karen Aziz, Radiology

Marie Assenzio, Psychology

Susan Beth Axelrod, Nursing

Hetty Atterbury, Surgery

Richard Backman, Police and Security

Richard Bair, Blood Transfusion Service

Carol Barbara, Dietetics

Christine Beninger, Nursing

Betty Bicchieri, Nursing

Thomas Blasi, Surgical Research

Peter Bradford, Treasurer's Office

Joseph Bonventre, Medicine

Beth Brigham, Nursing

Geneva Brewster, Surgical Associates

Rosemarie Bolognani, Professional Billing

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Edward Campion, Medicine

Janice Carey, Vincent Obstetrics and Gynecology

Penny Carleton, Research

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Marcia Christensen, Endoscopy

James Cuff, Accounting

Jane Cobbe, Nursing

Linda Cotton, Nursing

Patricia Crawford, Neurogenetics Laboratory

Mary Currier, Surgical Associates

Mary Day, Psychology

Kathy Dean, Nursing

Angela Delicetto, Surgical Research

Anthony Depino, Nursing

Julia Dressler, Medicine

Mary Dorio, Infection Control Unit

Rafaelly Dutto, Buildings and Grounds

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Margaret Dwyer, Nursing Research

Kathleen Egan, Nursing

Barbara Fallon, Nursing

David Lempel, Radiology

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Joyce Fitzpatrick, Physician's Office

William Fogarty, Accounting

Mary Forbes, Nursing

Carol Fenner, Blood Transfusion Service

Mary Fogarty, Medicine

Mary Fonseca, Medicine

Barbara Fuller, Nursing

Patricia Fuller, Treatment Unit

Dorothy Fowler, Admitting Services

James Gillis, Radiation Therapy Unit

Nursing

Anne Goldman, Computer Service Center

Harriet Greenfield, Clinical Laboratories

Linda Grace, Cardiac Unit

John Godine, Medicine
Pablo Gomberg, Urology
Ernesto Gonzalez, Dermatology
Cynthia Goodwin, Blood Transfusion Service
Christopher Gordon, Psychiatry
Peter Gordon, Radiology
[illegible], Police and Security
[illegible] Green, Emergency Services
Arlene Greene, Nursing
Peter Greenspan, Pediatric Service
Jean G[illegible] Radiology
[illegible]
Microchemistry Laboratory
Sally Harrington, Blood Transfusion Service
Ethel Haynesworth, Hematology/Oncology Unit
Barbara Hennessey, Buildings and Grounds
[illegible] Medical Walk-In
Marjorie Hodges, Pathology
Michael Holick, Medicine
Lillian Holland, Nursing
Rhonda Holmes, Nursing
Thomas Holmes, Radiology
Jane Holtz, Administration
Christine Howard, Pathology Laboratories
Ann Israelson, Finance
Sheila Jackson, Accounting
Charles Jeffrey, Anesthesia
Michael Jellinek, Administration
Roland Joseph, Dietetics
Lee Josephs, Admitting Services
Wendy Kallas, Bacteriology Laboratories
Noreen Keane, Medical Records
Jane Kelley, Radiology
Denise Kettell, Administration
Robert Key, Dietetics
Linda Kimball, Nursing
William Kimball, Anesthesia
Wilma Knight, Nursing
Omanand Koul, Neurology
Diane Kuehler, Pathology Laboratories
John Kulhanek, Psychiatry
Martha Lake, Nursing
Mary Larkin, Diabetes
Blake Laspia, Nursing
Carine Leblanc, Medical Records
Sherwood Lee, Pediatric Service
Ruth Liberfarb, Pediatric Service
Christopher Lynch, Emergency Services
Elizabeth MacDonnell, Nursing
Heidi Mann, Psychiatry
Bonifacia Manzano, Nursing
Donna Marfoli, Chemistry Laboratory
Barbara Maxey, Utilization Management
Theresa McLoud, Radiology
Karen McDowell, Surgery
Christine McElroy, Radiology
Joanna McLaughlin, Nursing
Mary McLaughlin, Neurology Ambulatory Care
Patricia McManus, Radiation Oncology
Dennis Mento, Radiation Oncology
Nancy Mermet, Nursing
Wayne Miller, Vincent Obstetrics and Gynecology
Khosrow Momtaz-Tabatabai, Dermatology
Andrea Mongiello, Bunker Hill Health Center
Walter Moody, Environmental Services
[illegible]en Morris, Nursing
[illegible] Mulcahy, Nursing
James Muller, Psychiatry
James Murdock, Buildings and Grounds
Kathleen Myers, Nursing
Najmosama Nikrul, Vincent Obstetrics and Gynecology
Carl Niland, Dietetics
Ralph Nixon, Psychiatry
Kenneth Nobel, Psychiatry
Claire O'Brien, Admitting Services
[illegible] O'Malley, Pediatric Service
Marilyn Oxford, Nursing
Carl Perry, Environmental Services
Charles Perry, Radiology
Judith Pines, Nursing
Kimberly Plummer, Planning and Construction
Kathy Porter, Nursing
John Purcell, Psychiatry
Magdi Ragheb, Pediatric Microchemistry Laboratory
Foster Reed, Materials Management
Patricia Regan, Utilization Management
Steven Reppert, Pediatric Service
Barbara Rich, Pediatric Service
James Richter, Gastrointestinal Unit
John Riley, Psychiatry
Heike Rolle-Daya, Pediatric Service
Abbey Riley, Ut[illegible] Management
Allan Ropper, Neurology
Mary Roy, Radiology
James Scott, Radiology
Kathleen Shale-Dwyer, Blood Transfusion Service
Janet Shopis, Blood Transfusion Service
Adelaide Smith, Bunker Hill Health Center
Stephen Smith, Surgery
Carolyn Somers, Materials Management
Lillian Sonnenberg, Dietetics
Gloria Sprague, Radiology
Paul Sprague, Orthopaedics
Mary Starble, Bulfinch Temporary Services
Theodore Stern, Psychiatry
Walter Stewart, Dietetics
Nancy Sullivan, Clinical Services
Ronald Tompkins, Burn and Trauma Services
Stephen Trippel, Orthopaedic Surgery
Jacquelyn Turner, Dietetics
Epifania Valencia, Pediatric Microchemistry Laboratory
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Richard Van Praagh, Pathology
Philip Waithe, Blood Transfusion Service
Nancy Ward, Nursing
Alfred Whitt, Nursing
Eileen White, Social Service
Elaine Woo, Medicine
Susan Worden, Nursing
Robert Yonge, Communications
Bertram Zarins, Orthopaedic Surgery

For Fifteen Years

Donna Actorn, Cardiac Catheterization Laboratory
Jean Acquadro, Nursing
Marilyn Albert, Psychiatry
Linda Arini, Orthopaedics
Lee Baer, Psychiatry
Henrietta Barnes, Medicine
Katherine Bernato, Pediatric Surgery
Mary Bertucio, Blood Transfusion Service
Frederick Bieber, Pediatric Service
Elaine Bitar, Nursing
Kenneth Bloch, Medicine
Monica Boldescu, Orthopaedic Ambulatory Care
Kate Borten, Computer Services Center
Sharon Bridges, Nursing
Andrew Brotman, Psychiatry
Anna-Lisa Brownell, Radiology
Christopher Buckley, Pulmonary and Critical Care Unit
Debra Burke, Nursing
Norma Cadogan, Operating Room Administration
Robert Caggiano, Psychiatry
Susan Capanno, Nursing
Lisa Carr, Cardiac Surgery
Phyllis Carr, Medicine
Dwight Caufield, Buildings and Grounds
Margaret Clapp, Pharmacy
Amanda Coakley, Nursing
Meryl Cohen, MGH•Revere HealthCare Center
Paul Copeland, Endocrine Unit
Francis Corbett, Pharmacy
Patricia Cormier, Nursing
Anthony Cote, Chemistry Laboratory
Gerard Cotter, Radiology
Edward Cowal, MGH•Chelsea HealthCare Center
James Crandall, Neurology
Bernice DaCosta, Materials Management
Angela DeAngelis, Cardiac Unit
Barbara DeAngelis, Radiology
Cheryl Dear, Nursing
Rosemary DeFrancisco, Neurophysiology Laboratory
Carmen DeJesus, MGH•Chelsea HealthCare Center
Linda Delahanty, Dietetics
Cathy Delaware, Thyroid/Neuroendocrine Associates
Harold Demonaco, Pharmacy
Anthony Desimone, Environmental Services
Carol Deveau, Admitting Service
Albert DiPietro, Police and Security
Karen Doremus, Nursing
John Driscoll, Police and Security
Janet Duffy, Nursing
Deborah Duggan, Infectious Disease Unit
Marlene Durand, Infectious Disease Unit
Laurene Dynan, Utilization Management
Ann Eastman, Nursing
Clarence Edwards, Materials Management
Joan Elias, Office of the General Counsel
Jean Eaily, Nursing
Leddy Fitzgerald, Nursing
Frederick Frigoletto, Vincent Obstetrics and Gynecology
Harvey Fritz, Orthopaedic Surgery
David Gaboria[illegible] Management
Gail Gaffey, Nursing
Theresa Gallivan, Planning and Construction
Joanne Gardyna-McCusker, General Store
Margaret Gargarian, Anesthesia
Mary Garland, Cardiac Catheterization Laboratory
Ellen Garneau, Radiology
Richard Gasior, Buildings and Grounds
David Gastfriend, Psychiatry
Ronald Gaudette, Pharmacy
Diane Gay, Nursing
Donald Goff, Psychiatry
Kathleen Gonczarek, Cardiac Unit
Howard Goodman, Molecular Biology
Norman Graf, Chemistry
Susan Graham, Medical Walk-In
David Grice, Nursing
Kathleen Griffin, Nursing
Robert Grogan, Nursing
Sandra Guarino, Radiology
Patricia Guerriero, Surgical Associates
Mary Guy, Cardiac Unit
Ern Haddad, Office of the General Counsel
Jeanne Haddad, Radiology
Coral Haggan, Cardiac Unit
Catherine Haker, Nursing
Karen Hall, Nursing
Robert Hallisey, Pharmacy
Florence Halmowoo, Environmental Services
Edward Hamman, Buildings and Grounds
Kevin Harrington, Human Resources
Tessa Hedley-Whyte, Pathology
John Herman, Psychiatry
Ann Hession, Nursing
Alan Hilgenberg, Cardiac Surgery
Barbara Holmes, Urology
Rebecca Hooker, Nursing
Stacey Houghton, Ambulatory Care Division Practice Support Unit
Dora Hsu, Pathology Laboratory
Rose Hudia-Galweski, Radiology
Nancy Hunsberger, Dietetics
Claudette Jacob, Nursing
Donna James, Nursing
Gail Jennings, Nursing
Wendy Jennings, Nursing
Katherine Jewell, MGH•Chelsea HealthCare Center
Marjorie Jordan, Nursing
Marie Joseph, Operating Room Administration
Joanne Jupp, Pediatric Ambulatory Care
Maria Kallock, Nu[illegible]
Cynthia Kane, Nursing
Muriel Kanter, Pediatric N[illegible]y Laboratory
Lee Kaplan, Gastrointestinal Unit
Linda Kaplan, Medical Oncology Research
George Katsas, Pathology
Elizabeth Keating-Cohen, Psychiatry
Adele Keeley, Nursing
Mary Kelly, Radiology
Mary Kinnealey, Biomedical Technical Support Group
Robert Knapp, Vincent Obstetrics and Gynecology
Harold Kneeland, Nursing
Irene Kochevar, Dermatology
Walter Koroshetz, Neurology
Neil Kowall, Neurology
Florence Lai, Neurology
Paul Laral, Spaulding Rehabilitation Hospital
Lily Lee, Nursing
David Lhowe, Orthopaedic Surgery
Hiruanda Linsi, Nursing
Jacquelyn Littlewood, Pathology Laboratory
Clifford Lo, Pediatric Service
Judith Locke, Laboratory of Computer Science
Margaret Lospennato, Cardiac Ultrasound Laboratory
Ricardo Lowe, Admitting Services
Susan Lozzi, Blood Transfusion
Karen Lynch, Research Affairs
Martha Lynch, Dietetics
Marie MacDonald, Nursing
Regis MacDonald, Nursing
Robin MacDonald, MGH•Revere HealthCare Center
Stephen Madison, Operating Room Administration
Barbara Mahoney, Arthritis Unit
Eileen Mahoney, Nursing
Evelyn Malkin, Social Service
Mary Malloy, Nursing
Michelle Marcella, Development and Public Affairs Office
Marcia Martins, Psychiatry
Edward Masley, Chemistry Laboratory
Judy Mattoon, Pediatric Microchemistry Laboratory
Julie McCarthy, Nursing
Karin McCarthy, Pathology
Suzanne McCarthy, Nursing
Brian McGovern, Electrophysiology
Eleanor McLaughlin, Nursing
Kathy McLaughlin, Nursing
Mary McPhee, Nursing
Kathleen Megan, Gynecology Associates
Joanne Meleshuk, Cardiac Unit
Rose Miele, Radiology
William Milberg, Psychiatry
Sonny Mohammed, Buildings and Grounds
David Moore, Molecular Biology
Robin Morello Born, Professional Billing
Ann Morrill, Emergency Services
Sally Morton, Nursing
Michael Moskowitz, Neurology
Joan Moss, Operating Room Administration
Richard Myers, Neurology
Kathryn Nee, Surgical Associates
Margaret Nelson, Nursing
[illegible] Services
[illegible] Sterile
[illegible]
Norma[illegible] Pharmacology
Joa[illegible] Cardiac Unit
Pet[illegible], Radiology
Chr[illegible] Neuroscience Research
[illegible]
Soula Papadopoulos, Neuroscience Center
Jean Parry, Cardiac Unit
Barbara Penn, Bunker Hill Health Center
Mary Piepenbrink, Nursing
Brenda Pignone, Nursing
Geraldine Plunkett, Nursing
Bonnie Prall, Nursing
Marianne Preziosi, Nursing
Ann Quinn, Neurology Research
Debra Rafferty, Utilization Management
James Ravenscroft, Radiology
Kathleen Reilly, Nursing
Mary Reilly, Nursing
Catherine Riley, Computer Services Center
Christopher Robbins, Nursing
Janet Roche, Nursing
Annmarie Romig, Nursing
Andrew Rosenberg, Pathology
Jeanne Rufo-Huckins, Nursing
Paula Ruvido, Nuclear Medicine
Sanjay Saini, Radiology
Madelyn Scannell, Nursing
Elizabeth Schulz, Cardiac Surgery
Steven Scire, Finance
Milton Scott, Buildings and Grounds
Nancy Serrell, MGH•Chelsea HealthCare Center
Elaine Sheets, Urology
Gregory Shoukimas, Radiology
Barbara Sietar, Psychiatry
Donna Slois, Nursing
Katherine Sloan, Neurosurgical Research
David Smith, Medicine
Vanda Solarzoneal, Nursing
Anita Solimine, Finance
Meryl Sommer, Nursing
Andrea Stern, Psychiatry
Martha Stone, Treadwell Library
George Stout, Respiratory Care
Catherine Stucke, Nursing
Diane Sturgis, Orthopaedic Ambulatory Care
Clare Sullivan, Nursing
Judith Sullivan, Health Associates
Laura Sumner, Nursing
Maria Swan, Nursing
Kathleen Swedener, Neurosurgery
Brooke Swearingen, Neurosurgery
Carol Taylor, Psychiatry
Robert Tepper, Medicine
David Torchiana, Cardiac Surgery
Natalie Trudeau, Cardiac Unit
Elizabeth Tucker, Nursing
Lawrence Tucker, Bulfinch Temporary Services
Janice Tully, Nursing
Bernadette Tuttle, Utilization Management
Rosalie Tyrrell, Nursing
Mark Uva, Computer Services Center
Gyna Vargas, Computer Services Center
Caroline Venuti, Cancer Data Registry
Gail Venuti, Bunker Hill Health Center
Jean Vonsattel, Pathology
Karen Votta, Radiology
Althea Walker, Materials Management
Mary Walsh, Nursing
Kwoying Wang, Chemistry Laboratory
Ralph Warren, Emergency Services
Catherine Waterman, Communications
Laura Weisberg, Psychiatry
Karen Welch, Bacteriology Laboratory
Barbara West, Consultant in Orthodontics
Carol Whooley, Molecular Biology
Jerry Wieckiewicz, Biomedical Technical Support Group
Brenda Williams, Blood Transfusion Service
Joy Williams, Emergency Services
Venita Williams, Nursing
Scott Wilson, Psychiatry
Melissa Wilson, Nursing
Patricia Wright, Nursing
Denise Young, Nursing
Jeanne Zarrella, Nursing

For Ten Years

Abdul Abou-Samra, [illegible] Unit
Dolores Allwood, Admitting Service
[illegible]
[illegible]
[illegible]
[illegible]
Walk-In
John Avery, Dietetics
Cynthia Avola, Admitting Service
Jane Ballantyne, Anesthesia
Guillermo Banchiere, Environmental Services
Karen Barbarisi, Surgical Associates
Laura Barrus, Nursing
[illegible] Oncology Unit
Barbara Bartkiewicz, Professional Billing
Chaia Bekeff, Social Service
Carol Bell, Professional Billing
John Bellivfau, Radiology
Arthur Berg, Psychiatry
Robert Bienkowski, Biomedical Engineering
Beverly Biller, Neuro[illegible] Unit
Robert Birnbaum, Psychiatry
Raymond Bisio, Emergency Service
Arthur Boland, Orthopaedic Surgery
Mary Bonasera, Blood Transfusion Service
Virginia Bonilla, Environmental Services
Richard Boskey, Office of the General Counsel
Sharon Brackett, Nursing
Gail Brancella, Pulmonary Critical Care Unit
Sherry Brec, Radiology
Jovan Brodeur, Nursing
Susan Brown, Nursing
Deidre Buckley, Neurosurgical Research
Regina Buckley, MGPO Administration
Christine Burns, Women's Health Associates
John Buttler, Anesthesia
Estelle Byam, Dietetics
Richard Cambria, Vascular Surgery
James Campbell, Assistant in Oral and Maxillofacial Surgery
Stephen Cannon, Neurology
Maria Cano, Nursing
Irene Carini, Finance
Kathleen Carlson, Neurophysiology Laboratory
Aldene Carter, Dietetics
Andrea Cellini, Nursing
Diane Chartier-Freitas, Nursing
Norah Chen, Dermatology Research
Thavy Chen, Environmental Services
Deborah Chevalier, Nursing
Pembroke Chinn, Radiation Oncology
Diane Chontos, Nursing
Barbara Cockrill, Pulmonary Critical Care Unit
Daniel Cogliano, Laboratory Support
Neavelle Coles, Medicine
Geraldine Collins, Nursing
Stephanie Conley, Laboratory Support
William Coose, Buildings and Grounds
Jayne Cormier, Radiology
Elizabeth Corrieri, Nursing
Henry Cowell, Orthopaedic Surgery
James Cox, Pediatric Service
Hollis Crichlow, Nursing
[illegible] Pulmonary
[illegible] Radiology
[illegible] Materials
[illegible]
[illegible] Nursing
[illegible] Environmental Services

Services

O'Kelly, Cardiac Surgery
Elizabeth O'Brien, Nursing
Francis O'Brien, Operating Room Administration
Maureen O'Donnell, Nursing
Sherri O'Grady, Administration
Kimberley O'Leary, Nursing
Sonja Olsen, Nursing
Monica O'Sullivan, Nursing
Brian Ott, Psychiatry
Carolyn Pacella, Bunker Hill Health Center
Denise Palumbo,
Kathleen Papas,
Parhami-Seren, Cardiac Unit
Ruby Parziale, Surgical Associates
Joseph Pavlos, E Services
Jill Pedro, Nursing
James Perrin, Pediatric Service
Robert Peterfreund, Anesthesia
Anthony Petruzzelli, Materials Management
Thomas Pham, Environmental Services
Barbara Pierson, Admitting Services
Martha Pitman, Pathology
Wanda Ponte, Emergency S
Theodore Powers, Psychiatry
Presnick, Emergency Services
Michael Price, Operating Room Administration
Protasowicki, Diabetes Unit
Bozena Radziwon, Nursing
Wayne Raila, Laboratory of Computer Science
Eleanor Reed, Pathology Laboratory
Services
Rennie, Nursing
David Rhoads, Cancer Center
Diane Rich, Medicine
Jerryanne Richelieu, Accounting

Helene Mayer Social Service
William Maynard, Environmental Services

Joan Sapp, Ambulatory Assessment Unit
Steve Sauter, Endocrine
Rosa Sebastian, Psychiatry
Bunker Hill Health Center and Oncology
Lymphocyte Immunology
Oncology Unit
Silves, Sleath, Medicine
Robert Sklar, Neurology
Susan Sletner, Nursing
Courtenay Small, Clinical Immunology Laboratory
Annemarie Smith, Pediatric Microchemistry Laboratory
Janets Smith, Bunker Hill Health Center
School, Psychiatry
Stanek, Anesthesia
Laura Stanley, Urology
Janice Stefanski, Bacteriology Laboratory
Maria Sundquist, Research Affairs
Amy Swartz, Nursing
Donna Sweeney, Nursing
Judith Szczerbinski, Pediatric Microchemistry Laboratory
Tenniham, Finance
James Thompson, Development and Public Affairs Office
Stuart Tobet, Neurology
Elizabeth Torres, Cutaneous Biology Research Center
Tam Tran, Bulfinch Temporary Services
Ming Tsuang, Psychiatry
Richard Turgeon, Environmental Services
Paula Tyack, Psychiatry
Cyrus Vakil, Surgery
Susan Vassallo, Anesthesia
Joseph Vega, Medicine
David Verreault, Respiratory Care
Elizabeth Vithe, Nursing
Deborah Vinson, Nursing
Virginia Walker, Nursing
Michelle Wall, Nursing
Carol Walsh, Professional Billing
Timothy Wang, Medicine
Karen Warren, Nursing
Deborah Washington, Patient Care Services
Ralph Weissleder, Radiology
Charles Wickens, Anesthesia
Nancy Willon, Psychiatry
Timothy Wilens, Psychiatry
Virginia Wilkins-Quinn, Nursing
Martin Yarmush, Bioengineering
James Young, Dietetics
Lawrence Zuckerberg, Pathology

For Five Years

Fazlul Abedi-Lari, Radiology
Fethiya Abdulkader, Radiation
Services
Janet Alexander, Nursing
Nancy Allard, Bulfinch Temporary Services

Services
Carolee Awan, Finance
Christine Bagley, Medicine
Bakker, Emergency Services
Bardossa, Environmental Services
Michael Bandini, Nursing
Linda Beatrice, Finance
Abram Bekker, Photography
Stephen Belmonte, Molecular
Susan Belmonte, Nursing
Georgina Berard, Bacteriology
Maria Bishop, Chemistry Laboratory
Christopher Black, Nursing
Colleen Boggs, Nursing
Priscilla Boisvert, Social Service
Mary Bond, Orthopedic Research
Yves Bourgouin,
Bonnie Bousquet-Bradley, MGPO Administration
Mary Bozzi, Bunker Hill Health Center
Thomas Branca, Volunteer Services
Whitney Branch, Neurophysiology Laboratory
Leroy Braithwaite, Dietetics
Mervyn Braithwaite, Medical Records
Mark Braudis, Bulfinch Temporary Services
Beryl Briggs, Operating Room Administration
Leanne Brigon, Nursing
Marcela Brito, Professional Billing
Phillip Brown, Materials Management
Roy Brown, Environmental Services
Joseph Bruno, Environmental Services
Daniel Bryant, Neuroscience Center
Mabel Buck, Reproductive Endocrine Unit
Kevin Bulford, Professional Billing
Lori Burch, Nursing
Celia Burgos, MGH•Chelsea HealthCare Center
Carl Burrel, Admitting Services
Geraldine Burke, Human Resources
Barbara Burns, Psychiatry
Mary Burns, Neurogenetics Laboratory
Russell Butler, Institute of Health Professions
Laura Byers, Nursing
Frederick Cavanagh, Radiation

Donna Cannon, Nursing
Dean Caterina, Buildings and Grounds
Joanne Charles, MGH•Revere HealthCare Center
Lawrence Chartrand, Admitting Services
Yi Chen, Radiation Oncology
Sylvia Chen, Planning and Construction
Margaret Chin, Nursing
Nina Chin, Hematology-Oncology Unit
Cannon,
Kendall Christie, Nursing
Anthony Christopher, Processing and Distribution
Massachusetts General
Janice Cianci, Neurology
Michael Ciccia, Materials Management
Dale Clarke, Environmental Services
John Clary, Nursing
Cindy Clatterbuck, Cutaneous Biology Research Center
Helene Cleveland, Environmental
Peter Cloutier, Nursing
Kathleen Coltins, Patient Accounts
Cody, Collymore, Respiratory Care
Colleen Comforto, Nursing
Jeanne Comfort, Nursing
Sheryl Connors, Nursing
William Constantine, Buildings and Grounds
Anita Conti, Pathology Laboratory
Lisa Cooke, Physical Therapy
Barbara Cosgrave, Nursing
Celino Costa, Environmental
Anne Coughlin, Nursing
Jacqueline Cressey, Reproductive Endocrine Unit
Daniel Crewe, Bacteriology Laboratory
Claire Cronin, Pediatric Ambulatory Care
Gail Crosby, Nursing
Susan Cummings, Dietetics
Theresa D'Agostino, Children's Medical Research
Ellen Daley, Nursing
Beverly Daniels, Bulfinch Temporary Services
Marc Dauphinais, Respiratory Care
Tatiana Davidson, Nursing
Susan Delaney, Nursing
Physician Dieter Russell Counsel
Dental Department
Frank Dembeck, Professional Billing
Steven Deppeler, Radiology
Michael Desmond, Bunker Hill Health Center
Lauretta Dessaint, Nursing
Susan Develetios, Nursing
Barbara Diaz, Nursing
Services
Lori DiGenzo, Cardiac Admitting Services
Joseph Dieterich, Dietetics
Sarah Dieter, MGH Associates
Vernon Dingwall, Nurse
Patricia Divito, Blood Transfusion Service
John Dixon, Emergency Services
Dorsainvil Environmental Services
Gretchen Dolgoff-Mooney, Professional Building
Norma Dominguez, MGH•Chelsea Health Care Center
Deborah Doody, Orthodontics
Nancy Dowd, Medicine, Wellesley

Winifred Drayton, Medical Records
Christine Dresp, MGH•Chelsea HealthCare Center
Ruthellen Driscoll, Nursing
Rosemary D'souza, Finance
[illegible]
Herbert Edwards, Dietetics
[illegible] Environmental Services
Deborah Essig, Social Service
[illegible]
Kevin Farr, Radiology
Kathleen Farren, Managed Care Development
Joyce Feola, Nursing
Charles Ferguson, Surgery
Donna Ferri, Pathology Laboratory
[illegible]
James Fikiet, Environmental Safety
Julia Finn, Burn and Trauma Services
[illegible] Management
Michelle Fiorentino, Cardiac Unit
Julie Fisher, Nursing
Karlotta Fitch, Neurology Research
Christina Fleet, Neuroscience Center
D. Fleishman, Pathology Laboratory
John Flessas, Bunker Hill Health Center
Sharon Follayttar, Nursing
Kristine Forde, Nursing
Anthony Forgione, Nursing
Monica Fox, Human Resources
Suzanne Francis, Nursing
Paraison Francois, Environmental Services
Karen Frazzini, Human Resources
Linda Fringuelli, Medical Records
Anna Frost, Cardiac Biology Research
Gail Gall, MGH•Chelsea HealthCare Center
Gloria Gamba, Women's Health Associates
Christa Gambon, Nursing
Patricia Gannon, Cardiac Catheterization
Amelia Gardner, Anesthesia
Geraldine Gardner, Nursing
Lisa Gartland, Bacteriology Laboratory
Barry Gary, Professional Billing
Pedro Garzon, Environmental Services
Deborah Gato, Finance
James Gfanacou, Pathology Laboratory
Debra Gebhard, Institute of Health Professions
Alice Gervasini, Nursing
Sam Ghazal, Laboratory Support
Robert Ghiz, Computer Services Center
Maryjane Giacalone, Nursing
Kristin Giannetti, Nursing
Valerie Giorgione, Neurosurgical Research
David Glass, Research Affairs
Christine Glynn, Radiology
Tessa Goldsmith, Speech Pathology
Maria Gomez, Environmental [illegible]
Inacio Goncalves, Environmental Services
Anthony Gorgone, MGH•Chelsea HealthCare Center
Carolyn Gorka, Cancer Center
Joyce Graham, Nursing
Wendy Graham Coco, Nuclear Medicine

Judith Graves, Professional Billing
Jennifer Gray, Nursing
Joan Green, Pediatric Microchemistry Laboratory
Marilyn Gross, Research Finance
[illegible]
Craig Haase, Radiology
[illegible] Nursing
Reza Haghighi, Radiology
Phyllis Handle, Nursing
[illegible]
Annmarie Hayes, Nursing
Mark Hector, Environmental Services
Patricia Hennessy, Office of the General Counsel
Ana Hernandez, Medical Records
Jeffrey Hewett, Neurogenetics Laboratory
[illegible]
Rylander Hockert, Nursing
Michael Hogan, Buildings and Grounds
Michael Hogan, Medical Records
[illegible] Health Professions
Karen Holland, Nursing
Susan Horan, Human Resources
Lisa Houghton, Finance
Susan Houghton, Bunker Hill Health Center
Guoxin Huang, Animal Resources Facilities
Xian Huang, Environmental Services
Xian Huang, Finance
Zuzheng Huang, Environmental Services
Laura Humphrey, Administration
Linda Inserra, Surgical Associates
Eugene Irvine, Buildings and Grounds
Denella James, Physician Referral Office
Richard Jean, Operating Room Administration
Loretta Johnson, Nursing
Margaret Johnson, MGH•Chelsea HealthCare Center
Marianne Johnson, Finance
Stephen Johnson, Hematology/Oncology Unit
William Johnston, Nursing
Susan Jones, Anesthesia
Louis Jordan, Materials Management
Mary Jordan, Respiratory Care
Frances Joyner, Nursing
Debra Juliano, Accounting
Marie Juste, MGH•Revere HealthCare Center
Susan Kananovich, Computer Services Center
Umu Kanu, Nursing
Kathleen Kelliher, Nursing
Edward Kielty, Orthopædics
Lori Kimball, Nursing
Maria King, Nursing
Claire Kirylo, Nursing
Jill Koohyar, Nursing
Sharon Kurth, Radiology
Dorothy Lafratta, MGH•Revere HealthCare Center
Annmarie Lahaie, MGH•Chelsea HealthCare Center
Lorna Lampert, Diabetes Unit
Lakeatha Lanier, Nursing
Elizabeth Larson, Nursing
Linda Lavallee, Emergency Services
[illegible] Laboratory
Kathryn Leathers, Professional Billing
Jana Lee, Nuclear Medicine
Wendy Lee, Animal Resources Facilities
Linda Leonard, Patient Accounts
Sandy Leshore, Bulfinch Temporary Services

Jeffrey Levine, MGH•Revere HealthCare Center
Neville Lewis, Bulfinch Temporary Services
Stacy Lewis, Orthopædics
Fangqin Li, Neurology Research
[illegible]
Peter Lindquist, Nursing
[illegible] Nursing
Patricia Locke, Neurogenetics Laboratory
[illegible]
Research
Isabelle Lubenec, Animal Resources Facilities
John Lydon, Nursing
Carol Lyons, Radiation Oncology
Kathleen MacCormack, Neurogenetics Laboratory
[illegible]
Marie MacDonald, Radiation Oncology
Samuel MacDonald, Bulfinch Temporary Services
[illegible]
Julia MacLaughlin, Endocrine Research
Denny MacLean, Buildings and Grounds
Karen Maddalena, Research Finance
Maryellen Maguire, Surgical Associates
Beverly Mahfuz, Neurology Research
Laurie Maidrand, Nursing
Joseph Malone, Buildings and Grounds
Kathleen Manganelli, Nursing
Anthony Marshall, Medical Records
Lawrence Martin, Cutaneous Biology Research Center
Sally Martin, Nursing
Lisa Martorana, Nursing
David Mason, Central Sterile Reprocessing
Lisa Massa, Neuroscience Center
Salman Masud, Dermatology
Maria Mathay, Pediatric Microchemistry Laboratory
Alfredo Matos, Environmental Services
Marilyn McCallum, Pulmonary and Critical Care Unit
Jane McCarthy, Blood Transfusion Service
Carlene McClanahan, Cardiac Ultrasound Laboratory
Joanne McCormack, Pathology Laboratory
W. Scott McDougal, Urology
Mary McGuire, Dietetics
Suzanne McGrail, Vincent Obstetrics and Gynecology
Irene McGrath, Finance
Paul McGrath, Operating Room Administration
John McKenna, Cardiac Unit
Margaret McLaughlin, Nursing
Michael McLaughlin, MGH•Chelsea HealthCare Center
Lynne McLeod, Transplant Surgery
Barbara McManus, Psychiatry
Karen McManus, Molecular Endocrinology
Michael McNally, Environmental Safety
Eileen McNamara, Admitting Services
[illegible] Associates
Anna Meade, Nursing
Tanya Medvedeff, Nursing
John Mendalka, Buildings and Grounds
Eric Menn, Telemedicine Center
Marybeth Mesrobian, Oral Surgery

John Mes[illegible], Plan[illegible] and Construc[illegible]
Michael Mi[illegible] Associates
Lisa Micciulla, MGH•Revere HealthCare Center
Bonnie Michelman, Police and Security
[illegible]
[illegible]
Laurie Miller, Nursing
Mary Mirella, Professional Billing
Edet Mkpanam, Computer [illegible]
[illegible]
Environmental Services
Antoinette Monteiro, Orthopædics
Mary Mooney, Pediatric Microchemistry Laboratory
McCallum Moore, Police and Security
[illegible]
Catherine Morancie, Medical Records
Lisa Mortimer, Social Service
David Mrakovich, Psychiatry
[illegible] Health Center
Lina Munoz, Medical Records
Carol Murphy, Bulfinch Temporary Services
Juliann Murphy, Nursing
Christine Murray, Nursing
Michelle Muse, Radiology
Cheryl Nason, Pathology Laboratory
Julio Nerette, Environmental Services
Donna Nicholas, Respiratory Care
Lawrence Nicklas, Professional Billing
Mary Nolan, Dermatology Research
Janet O'Brien, Nursing
Marian O'Brock, Pediatric Surgery
Paul Ocana, Nursing
Michelle Olday, Pharmacy
Thomas O'Leary, Medical Records
Melynda O'Neill, Nursing
Louise Ornstein, Institute of Health Professions
Donald Ostler, Radiation Oncology
Joanne Pacella, Radiology
Debra Paige-Cunio, MGH•Chelsea HealthCare Center
David Palmieri, Surgical Research
Joseph Panzera, Materials Management
John Pappas, Computer Services Center
Lesie Parachanian, Bulfinch Temporary Services
Alexandra Paul-Simon, Institute of Health Professions
Catherine Payen, Utilization Management
Patricia Peach, Nursing
Theresa Pearson, Finance
Agustin Perez, Environmental Services
Juan Perez, Environmental Services
Keith Perleberg, Nursing
Amy Petersen, Anesthesia
Maria Pettway, Hematology
Michele Pfannenstiel, Occupational Therapy
Amarilis Pina, Environmental [illegible]
Humberto Pina, Environmental Services
Ana Pires, Environmental Services
Mark Pirro, Admitting Services
Hyppolite Pochette, Environmental Services
Rita Popat, Physical Therapy
Joanne Prendergast, Nursing

Rosemary Pr[illegible], Nursing
Diane Pu[illegible], Nursing
Steve Quat[illegible], Buildings and Grounds
Kristine Quatieri, Radiology
Mohammad Rahgozar, Radiology
[illegible]
[illegible]
Joseph Rapuglia, Nursing
Kenneth Raney, Medical Records
[illegible] Research
Igor Reyes, MGH•Revere [illegible]
[illegible]
Marjorie Richman, Cardiac Unit
Raymonde Rigaud, Nursing
Samuel Riley, Photography
Robert Rivera, Finance
Chiquita Robertson, Transplantation Biology Research Center
[illegible]
Christine Rooney, Nursing
Julio Rosado, Environmental Services
Michelle Rose, Orthopædics
[illegible]
David Rowe, Finance
Stephen Roylance, Pharmacy
Patricia Rubalcaba, Computer Services Center
Domenic Ruccio, Research Affairs
Kelly Russo, Respiratory Care
Rosemary Russo, Neuroscience Center
Kathleen Ryan, MGPO Administration
Michelle Ryan, Nursing
Mouris Saghir, MGH•Chelsea HealthCare Center
Mohammed Saidouzzaman, Medical Records
Josephine Saillant, Nursing
Denise Sarnie, Radiology
Herbert Sauve, Police and Security
Carlos Savory, Materials Management
Elaine Scarmoutzos, Psychiatry
Domenic Scarpa, Materials Management
Gail Schaal, Nursing
Paul Schaset, Accounting
Anthony Scheim, Nursing
Suzanne Schneider, Computer Services Center
Estelle Schwartz, Cardiac Unit
Elizabeth Sclover, Nursing
Jaime Sepulveda, Environmental Services
Diana Serino, Nursing
Karen Sharp, Nursing
Joseph Shea, Pharmacy
Leonard Shea, Neurophysiology Laboratory
Katherine Shepherd, Physical Therapy
Marytheres Shore, Radiology
Wilma Short, Physical Therapy
Virginia Sigel, Social Service
Dianne Silva, Human Resources
Joseph Silva, Orthopædics
Swarnalath Simha, Pulmonary and Critical Care Unit
Dora Simo, Environmental Services
Elizabeth Simpson, Cardiac Unit
Julia Sinclair, Admitting Services
Jacqueline Skiddell, MGH•Revere HealthCare Center
Paula Smakowski, Physical Therapy
Angela Smith, Nursing
[illegible] Billing
Shannon Smith-Brew, Nursing
Robin Sobolewski, Neurogenetics Laboratory
Deborah Solomon, Radiology
Tracey Sotiropoulos, Materials Management
Mildred Spadafora, Nursing

[illegible] Grounds
Anne Spille, [illegible]
Robert Stabile, Pharmacy
[illegible]
Steven Stocking, Human [illegible]
Normund Strautin, Medical Records
[illegible]
Mimie Swen Morris, Dietet[illegible]
Igord Tabuteau, Dietetics
Isabel Talentino, Computer Services Center
Kathleen Tan, Bulfinch Temporary Services
Robert Tatum, Operating Room [illegible]
Arlene Taylor, Cardiac Unit
Ruthland Taylor, Operating Room Administration
Madalena Teixeira, [illegible]
Andrea Terenzio, Psychiatry
Anne Tetrault, Nursing
Siu Tse, Cancer Center
Cynthia Thibodeau, Physical Therapy
Maureen Thomassen, Nursing
Elizabeth Thompson, Cutaneous Biology Research Center
Gretchen Timmel, Pediatric Ambulatory Care
Amanda Todd, Nursing
Karen Toledo, Cancer Data Registry
Catherine Tomey, Finance
Elizabeth Traghella, Medical Clinics Complex
Cynthia Triac, Radiation Oncology
Lilya Triliser, Professional Billing
Brian Underwood, Nursing
Carmen Urbonas, Finance
Jean Valdinocci, Blood Transfusion Service
Armando Valerio, Emergency Services
Gerald Van Nostrand, Admitting Services
Margaret Vaughn, Computer Services Center
Eduardo Ventura, Environmental Services
Maria Veo, Vincent Obstetrics and Gynecology
Pierre Verrelien, Environmental Services
Amanda Vickery, Nursing
Lesley Villegas, Nursing
Barbara Vozikis, Nursing
Tirrell Ann Walsh, Nursing
Deborah Wanzer, Bunker Hill Health Center
Mildred Wasileski, Cardiac Unit
Marii noel Westgate, Children's Medical Research
Tonya White, Admitting Services
Glenn Williams, Pathology Laboratory
Purris Williams, Resp[illegible] Care
Sonji Williams, Buildings and Grounds
William Wilson, Radiology
Paul Wood, Professional Billing
Reginald Woodleigh, Environmental Safety
[illegible] Resources
Patricia Yee, [illegible] Laboratory
Anne Young, Neurology
Wen Yu, Environmental [illegible]
Eve Zachgo, Molecular Biology
[illegible]
Susan Zorb, [illegible]

Pathology marks its 100th year

THE 100TH anniversary of the founding of the Pathology Laboratories was marked by a three-day program Oct. 11 through 13 that consisted of a scientific and historical symposium and several social events.

"WE ARE EXCITED ABOUT THE OPPORTUNITY THIS ANNIVERSARY GAVE US TO CELEBRATE THE TRADITION OF THE DEPARTMENT AND THE ACCOMPLISHMENTS OF MANY FORMER AND CURRENT STAFF."

"We are excited about the opportunity this anniversary gave us to celebrate the tradition of the department and the accomplishments of many former and current staff," says Robert B. Colvin, MD, chief of Pathology Services. "We are also very pleased that we have had this opportunity to strengthen ties to former staff members." Colvin thanked Austin L. Vickery Jr., MD, for his efforts to organize the centennial events.

The activities had a historical flavor and recounted, among other contributions, the seminal ones of James Homer Wright, MD, the first director and namesake of the Pathology Laboratories. Among Wright's major contributions were the identification of the plasma cell as the neoplastic cell in multiple myeloma and the megakaryocyte as the cell of origin for blood platelets. ●

Good morning ... MGH

The MGH's 150th anniversary celebration of W.T.G. Morton's first demonstration of ether at the MGH received national attention Wednesday when ABC's "Good Morning America" broadcast live from the Ether Dome. Timothy Johnson, MD, *center,* interviewed Warren Zapol, MD, chief of Anesthesia and Critical Care, *right,* about the historical event that took place in the Ether Dome. Zapol also compared the use of ether in 1846 to acupuncture today by explaining that acupuncture is currently considered alternative medicine and the use of ether to alleviate the pain of surgery was a form of alternative medicine in its day. A life-size mannequin of Morton, *left,* was also present during the broadcast.

As OI moves on to implementation ...

David Read has been named Operations Improvement team leader for Clinical Implementation, replacing Mary Riffe, who has assumed a new position with Partners Community HealthCare, Inc. During the design phase of OI, Read worked with the Cardiac, Thoracic and Gastrointestinal teams. He holds an MBA from Boston College and a master's in Public Health from Harvard University. In his new role he will help coordinate and implement the recommendations of the clinical teams to achieve quality improvement and cost savings. New OI ideas and suggestions in the area of clinical implementation can be directed to Read at 4-8266 or e-mail *readd@a1.mgh.harvard.edu.*

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MGH HOTLINE

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WHAT'S HAPPENING

Strengthening patient-caregiver relationships

The Kenneth B. Schwartz Center will get a boost Oct. 24 with an inaugural celebration. The center, dedicated to strengthening the relationship between patients and caregivers, is a tribute to the late MGH cancer patient who published his thoughts on the importance of the patient-caregiver relationship in *The Boston Globe Magazine* in the summer of 1995, just months before his death. Many MGHers learned about Schwartz through a reprint of the article that was distributed to all MGH employees shortly after it was published.

For information about the center please call 4-4746. Donations may be sent to the Kenneth B. Schwartz Center, MGH Development and Public Affairs Office, M01-410, 101 Merrimac St., Boston, MA, 02114.

Cancer and athletes

The first Dialogue session of the season, sponsored by the Friends of the MGH Cancer Center and the MGH Cancer Affairs Committee, will be held Oct. 23 at 6 pm in the Wellman 1 Conference Room. Henry Mankin, MD, of Orthopædics, will moderate a panel of professional and non-professional athlete cancer patients. For information call the Friends at 6-1063.

"Mid-life Changes in Women symposium"

The MGH Vincent Memorial Obstetrics and Gynecology Service and the MGH Women's Health Committee are sponsoring a free women's health symposium Oct. 22 from 5 to 8 pm in the auditorium of the Blake Building. The symposium, entitled "Mid-life Changes in Women," will address such topics as the medical needs of post-menopausal women, the effects of hormones on women's health, osteoporosis and alternative medicine. MGH physicians and other nationally recognized women's health experts will be on hand. For information or to make a reservation call the MGH Physician Referral Service at 800 711-4644.

Ether exhibit open

An exhibit commemorating the first successful public demonstration of ether in surgery 150 years ago is now open at the site of the former MGH Gift Shop on the main campus. The exhibit is open from 8 am to 8 pm, Monday through Friday, until Oct. 28. All employees and visitors are welcome.

"Bald is Beautiful"

The MGH Bone Marrow Transplant Program will hold its second annual "Bald is Beautiful" Ball Nov. 1 at the Hyatt Regency Hotel in Cambridge. A silent auction and cocktails begin at 7 pm, including a champagne reception with classical jazz piano performed by Alan Hartford, MD, of Radiation Medicine. A buffet dinner will follow. As part of the evening program, a local donor and a 7-year-old bone marrow recipient from Kansas will be reunited. Tickets, which are $50, may be purchased until Oct. 28 by calling Cindy Bolduc 4-1127.

Pastoral Care Week

The MGH will celebrate Pastoral Care Week Oct. 21 to 26. Focusing on the theme of love, special events will recognize the importance of the spiritual aspects of care offered at the MGH by staff chaplains, chaplain volunteers, nursing and other staff.

Interfaith services will be held at the Chapel weekdays at 12:15 pm. Roman Catholic Eucharist Liturgy will be held daily at 4 pm. A special dedication of the chapel's new Protestant tabernacle will be held as part of an Episcopal service Wednesday at 12:15 pm. All services will be broadcast on channel 16.

On Thursday the Chaplaincy will host an information table outside of the MGH General Store and Flower Shop on the main campus from 11 am to 1 pm.

Ether Day

All employees and staff are welcome to the Ether Day reception on Blake 8 from 2 to 4 pm today to honor those who will receive a years-of-service pin. Pins, programs and flowers will be distributed to departmental representatives in the Ether Dome from 7 am to noon.

MGH athletic teams

Those interested in joining the MGH Basketball League may contact Gerard Boyce at 6-2447 on weekends or Larry Washington in person during the day shift at the Police and Security Office on the main campus. (Please, no phone calls to Police and Security.)

The MGH Tennis League, which plays Friday evenings, has begun its indoor season and welcomes players at all levels. For information call Stan Wasserman at 733-2745.

For information about the MGH Ski Club 1996/97 season, send an e-mail message to Lyman Garniss at *GarnissL@a1.MGH.Harvard.edu.*

For information about the MGH Bowling League, which meets Thursday evenings, contact Carolynn Dirienzo at 4-0543, Linda Arini at 4-0902, or Bernard Nurse at 6-5490.

Run for American Heart Association

The 19th annual Doctors and Friends Run, a five-mile competitive running event along the Charles River, will be held Nov. 3. Those interested in volunteering or running for this benefit for the American Heart Association are encouraged to call Penny Lopez at 800 AHA-USA1 (800 242-8721) ext. 3138.

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Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office, 101 Merrimac St., fourth floor.

IN GENERAL

A team of MGH physicians from the departments of Radiology and Pathology recently used the Internet and videoconferencing technology to present a live interactive telemedicine demonstration to 70 of the Dominican Republic's top physicians as part of the dedication ceremony of a new health care facility in Santo Domingo. Representing the MGH in the Dominican Republic were **James Thrall, MD,** chief of Radiology; **Wolfgang Klietmann, MD,** of Pathology; and **Juan Taveras, MD,** former MGH chief of Radiology. The team here at the MGH included **Giles Boland, MD; Damian Dupuy, MD; Pamela Schaefer, MD;** and **Gilberto Gonzalez, MD, PhD,** from Radiology; **Thomas Flotte, MD,** from Pathology; and **Peter Slavin, MD,** from Administration.

October 25, 1996

MGH HOTLINE

Allan Sandler, MD, an MGH internist, visits patient Shih Tsun Chan and his wife Tao Sunchan, on White 8. Sandler and Nicholas Zervas, MD, chief of Neurosurgery, saved Chan's life Oct.11 when the elderly tourist collapsed in a Chinese restaurant, his windpipe obstructed by food. Sandler removed the obstruction after the Heimlich maneuver. CPR and even a tracheotomy were unsuccessful. Chan made a full recovery and left the hospital on Oct. 24.

Photo by Jim Dawson/*Boston Globe*

Chelsea celebrates new facility

THE TRUE SPIRIT OF COMMUNITY in Chelsea was evident Oct. 19 when approximately 3,000 residents turned out to visit the new MGH•Chelsea HealthCare Center, which recently moved from Bellingham Avenue to a spacious and modern facility at 151 Everett Ave.

At the event held to celebrate the move and introduce the community to the services at the new site, the people of Chelsea and surrounding communities had the opportunity to tour the new space, talk with caregivers, participate in health screenings, collect safety and health information and enjoy activities, refreshments and entertainment that reflect the community's multicultural nature.

Before the open house, a program and ribbon-cutting ceremony featured local legislators as well as caregivers and administrators from MGH•Chelsea, the MGH and Partners HealthCare System. A special presentation also was held to dedicate the Eleanor Clark Conference Room, named for the former MGH director of Social Services. Clark was remembered for her leadership in community health care and her efforts in establishing the health center in Chelsea.

The new MGH•Chelsea site features a comfortable environment in which to deliver care to adults and children. Services at the center range from internal medicine, pediatric and adolescent care, to prenatal visits, nutritional counseling and laboratory and radiology services. Specialties include physical and occupational therapy, speech pathology, neurology, urology, surgery, dermatology and podiatry. The center also operates a 24-hour Urgent Care Center.

"We had grown out of our Bellingham Avenue space several years ago," says Thomas

(Continued on Page 2)

Be (counter) clockwise

Daylight-saving time ends at 2 am Sunday, Oct. 27. Remember to turn your clocks back one hour.

— Chelsea celebrates new facility

(Continued from Page 1)

Sterne, MD, medical director of the MGH•Chelsea HealthCare Center. "Our new building provides a more comfortable experience for patients and families. And our staff now have the room and facilities to deliver care more efficiently. In addition, our new center is centrally located and more easily accessible for the patients we serve."

The decor and signage of the center are designed to be welcoming and accessible for people of various cultures, reflecting Chelsea's rich diversity. Since opening its doors in 1971, the center has provided high-quality, compassionate care to the multicultural population in a way that is sensitive to and respectful of specific customs and values.

"MGH•Chelsea has been an important member of the community for a quarter of a century, and our caregivers know and understand our patients," says Jeannette McWilliams, administrative director of the center. "We seek to give back to our community, whether through delivering health services at the schools, participating in annual city events or offering job training programs. This beautiful new center is part of a long-term commitment to our vibrant and wonderfully diverse community."

In addition to the new site at 151 Everett Ave., the center several months ago opened an office across the street at 100 Everett Ave. that houses an adult primary care practice. The Women Infants and Children (WIC) nutrition program also has been relocated nearby to 80 Everett Ave.

Shuttle service is available from the MGH's main campus to the health center's new location. The main number for the center is 884-8300. ●

The Oct. 19 opening celebration provided an opportunity for the people of Chelsea and surrounding communities to enjoy activities, refreshments and entertainment that reflect the community's multicultural nature. Visitors also got a chance to tour the new space, talk with caregivers, participate in health screenings, as well as collect safety and health information.

A week in MGH history

RARELY HAS so much celebrating at the MGH happened in the course of one week. The restructured main corridor and a revamped front lobby were unveiled. The new cafeteria opened. The 150th anniversary of the first public demonstration of ether was celebrated. And closing out the week, 1,551 employees and staff were honored for their years of service at this year's Ether Day ceremony.

Among the celebrants was a familiar face from the front lobby, Kathy Contrado, sporting a 20-year pin. Contrado, who has worked at the MGH on and off more than 35 — since before the Ether Dome was designated a National Historic Landmark — describes the main hospital lobby of the early '60s as being "much smaller, with different seats and a rotunda off to the side." Of the current set up Contrado says, "It's wonderful!"

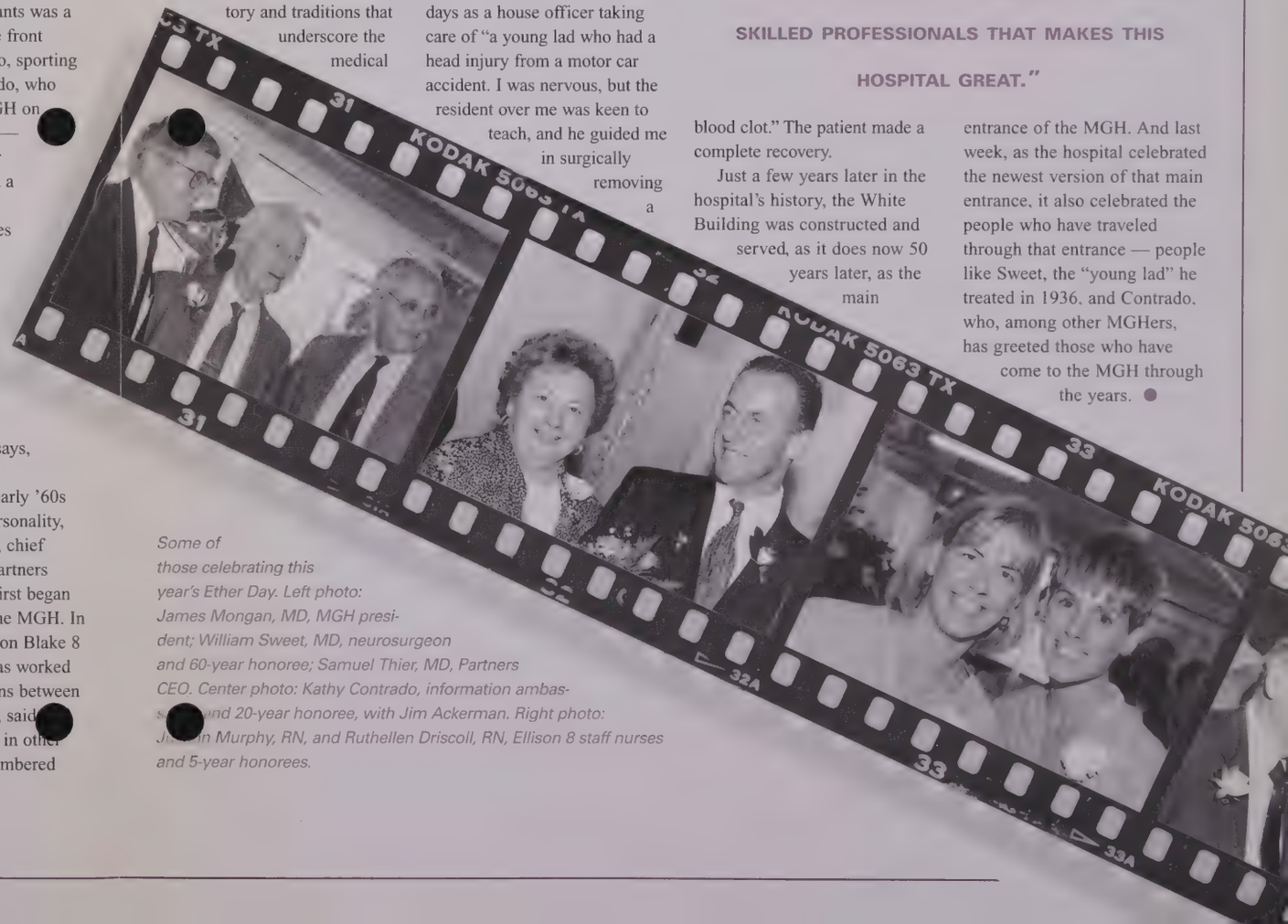
It was also in the early '60s that another MGH personality, Samuel O. Thier, MD, chief executive officer of Partners HealthCare System, first began his association with the MGH. In addressing the crowd on Blake 8 Oct. 18, Thier, who has worked with several institutions between his stints at the MGH, said when he was working in other settings, "what I remembered was the quality of the people ... the continuous commitment of MGH employees and staff to the care of patients."

A self-described "veritable baby at the MGH," James J. Mongan, MD, MGH president, joked that he was celebrating 31 weeks of service and added, "I am impressed with the length of service of the employees of this wonderful hospital. Behind the bricks and mortar and the history and traditions that underscore the medical history made at this hospital, are those who staff the hospital. It is the continuity of service by those skilled professionals that makes this hospital great."

Nowhere was continuity of service more pronounced than in the presence of William Sweet, MD, who at 86 years of age, has been at the MGH for 60 years.

In describing the first case in which, he says, "I did something significant," Sweet recalls his days as a house officer taking care of "a young lad who had a head injury from a motor car accident. I was nervous, but the resident over me was keen to teach, and he guided me in surgically removing a blood clot." The patient made a complete recovery.

Just a few years later in the hospital's history, the White Building was constructed and served, as it does now 50 years later, as the main entrance of the MGH. And last week, as the hospital celebrated the newest version of that main entrance, it also celebrated the people who have traveled through that entrance — people like Sweet, the "young lad" he treated in 1936, and Contrado, who, among other MGHers, has greeted those who have come to the MGH through the years. ●



Some of those celebrating this year's Ether Day. Left photo: James Mongan, MD, MGH president; William Sweet, MD, neurosurgeon and 60-year honoree; Samuel Thier, MD, Partners CEO. Center photo: Kathy Contrado, information ambassador and 20-year honoree, with Jim Ackerman. Right photo: Jill Ann Murphy, RN, and Ruthellen Driscoll, RN, Ellison 8 staff nurses and 5-year honorees.

"I AM IMPRESSED WITH THE LENGTH OF SERVICE OF THE EMPLOYEES OF THIS WONDERFUL HOSPITAL. BEHIND THE BRICKS AND MORTAR AND THE HISTORY AND TRADITIONS THAT UNDERSCORE THE MEDICAL HISTORY MADE AT THIS HOSPITAL, ARE THOSE WHO STAFF THE HOSPITAL. IT IS THE CONTINUITY OF SERVICE BY THOSE SKILLED PROFESSIONALS THAT MAKES THIS HOSPITAL GREAT."

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MGH HOTLINE

WHAT'S HAPPENING

Patient confidentiality
Members of the Health Information Departments of all Partners HealthCare System institutions have been working with Karen Grant, RRA, of Partners and Sally Millar, RN, of the MGH to develop a confidentiality brochure and a document that identifies employee responsibilities regarding the confidentiality of patient information. During the coming weeks, *Hotline* will address the most common questions about confidentiality that arise at the MGH.

Pain management program
Annabell Edwards, RN, MSN, CNS, clinical manager of the MGH Pain Center, will speak on "Primary Care Pain Management" at a program sponsored by the Advanced Practice Nurse/Physician's Assistant Clinical Provider Subcommittee. The program, which also includes dinner, takes place Oct. 28, from 6 to 8 pm, in the MGH Trustee's House conference room. CEUs have been applied for. For information, call Barbara Roberge, RN, PhD, at 6-4600, ext. 6411; to register call Linda Devaux at 6-3111.

Shuttle schedules on the Web
Information on the Partners Shuttle Schedule is now available on the the World Wide Web via the MGH Home Page. From the home page, either select "Finding the MGH" and then "Shuttle Service" or select "Departments, Units, Programs and Databases" and then "Partners Passenger Transportation Services." Schedules are posted for all shuttles from the MGH main campus: including service to Partners and BWH, parking lots and garages, North Station and MGH East, and to the community health centers. The address of the MGH Home Page is *http://www.mgh.harvard.edu/.*

Time to quit smoking
The MGH Quit Smoking Service's next eight-week course begins Nov. 5 at 5:30 pm. The cost for MGH employees is $40. For more information, call the Quit Smoking Service at 6-7443.

Tuition reimbursement
MGHers are reminded that the deadline for submitting tuition reimbursement requests is two weeks — 10 business days — before the start of any class. All applications must be received in the Training and Development Office, second floor, Charles River Plaza, by the deadline for review and approval. For additional information, call 6-2230.

Computer link for DFPCC
One of the most complex projects associated with the establishment of Dana-Farber/Partners CancerCare (DFPCC) is the linking of the Dana-Farber Cancer Institute (DFCI) and BWH data processing systems. The first phase, to be ready for the mid-January transfer of DFCI inpatients to BWH, is the construction of a software "bridge" between the two institutions, which allows a single registration to cover all services at the DFPCC Longwood campus, whether inpatient care at BWH or outpatient care at DFCI.

The link-up also will provide DFCI with a computerized order-entry system, piloted at the MGH and already operational at BWH, that enables physicians to order chemotherapy and monitor daily dosage levels directly by computer. Laboratory test results also will be available to physicians in a single, chronological listing, no matter whether the test was performed at DFCI or BWH. The link-up is the first phase of a two- to three-year project that will fully integrate the information systems of DFCI and BWH.

Platinum Plate enrollment
Enrollment for the Platinum Plate Express card will resume Nov. 4. The new card allows employees of the MGH, MGPO, IHP and Partners to deduct from their paychecks the cost of meals in the new Eat Street Cafe. Stop by the Eat Street office in the White Basement, off the Vincent Corridor, Monday through Friday between 9 am and 2 pm.

Influenza vaccine for inpatients
As part of a statewide program to immunize hospitalized patients against influenza, MGH physicians are being asked to consider immunizing their patients. As part of the program, which will run until Dec. 31, inpatients over the age of 65 or those with chronic conditions will be encouraged to receive the vaccine during their hospitalization. For more information about the program, call the Pharmacy at 6-2503.

MGH Hotline
is published weekly by the MGH Development and Public Affairs Office.

Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office, 101 Merrimac St., fourth floor.

Helping to stop domestic abuse

To mark Domestic Violence Awareness Month and help women find ways out of abusive relationships, staff from the MGH and BWH supported women's safety by participating in the Jane Doe Walk Oct. 12. Money raised during the walk supports shelters and other battered women's services across the state. For information on the MGH's efforts to stop domestic violence, contact Bonnie Zimmer, LICSW, *center,* who heads H.A.V.E.N., MGH's domestic violence program, at 4-0054.

November 1, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Partners in Excellence Award established

SINCE ITS FORMATION just 2½ years ago, Partners HealthCare System has been on the fast track to success and achievement. To acknowledge the organization's strong performance and those who have made it possible, a new annual Partners tradition is being established: the Partners in Excellence Award.

"Thanks to the thousands of talented and dedicated individuals from the many institutions that comprise Partners, we have achieved many significant milestones," says Samuel O. Thier, MD, Partners chief executive officer. "It is a pleasure to announce the Partners in Excellence Award, which recognizes that the greatest strength of Partners is its committed team of staff and employees from institutions across our system."

George Kaye, Partners vice president and coordinator of the awards, noted that looking back at 1996 affords a glimpse at a myriad of significant achievements.

"Working so quickly and efficiently, we

(Continued on Page 4)

Capitation comes to the MGH

SINCE THE EARLY 1990s, changes in health care have manifested themselves in several ways: first in the political rink as part of a push for national health care reform, and then in the financial arena as managed care programs flourished. Now managed care is taking the form of "enhanced risk," or capitation, a system in which insurance companies pay a health care provider a fixed dollar amount for every patient under that provider's care.

Soon, more than 100,000 patients in Partners Community HealthCare, Inc. (PCHI), will become part of the capitated health care system. An agreement between PCHI and Blue Cross and Blue Shield of Massachusetts to change HMO Blue so it works like a capitated plan will become effective this autumn. Unlike several other PCHI-affiliated institutions, the MGH's contract will represent the hospital's first significant participation in a capitated arrangement: Roughly 20 percent of the MGH's managed care patient population will be included. Approximately one-fourth of the PCHI patients covered under this contract receive their care at the MGH.

In simplest terms, PCHI's arrangement with HMO Blue works like a capitated plan, shifting the financial risk — and reward — of medical care from insurance companies to physicians. For instance, if care costs more than what had been budgeted, the health care provider is responsible for the bulk of the extra costs. Similarly, if care costs are under budget, providers share in the surplus. Although capitated plans vary, under HMO Blue, the financial risk will be borne principally by MGH primary care physicians (PCPs). Because PCPs will be responsible for the costs of their patients' care, many believe they will be even more motivated to keep their patients healthy.

"One of the advantages of capitation is that it creates incentives to practice preventive medicine," says Katharine Treadway, MD, chair of the MGH Primary Care Council. Yearly well-care exams, regular blood pressure and cholesterol screenings, PAP

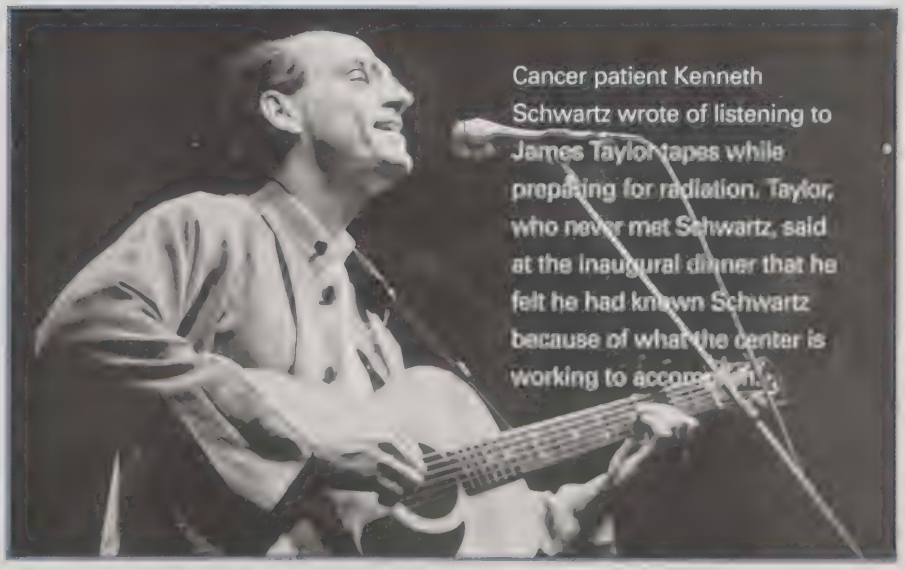
(Continued on Page 2)

Schwartz Center unveils efforts to enhance patient-caregiver relationships

MORE THAN 1,300 PEOPLE crowded into the Westin Hotel ballroom Oct. 24 to honor the memory of the late Kenneth B. Schwartz, a prominent Boston health care attorney, and to rally around his vision of a health care system in which empathy and compassion remain the highest priorities amid financial pressures and rapid change.

The inaugural dinner for the Kenneth B. Schwartz Center provided an opportunity for Schwartz's family members, friends, colleagues, caregivers and those touched by his words and his example to reflect on his life and legacy and learn about the exciting plans for the center. Singer and

(Continued on Page 2)



Cancer patient Kenneth Schwartz wrote of listening to James Taylor tapes while preparing for radiation. Taylor, who never met Schwartz, said at the inaugural dinner that he felt he had known Schwartz because of what the center is working to accomplish.

— Schwartz Center

(Continued from Page 1)
songwriter James Taylor made a special guest appearance at the dinner.

Schwartz, a partner at the firm of Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, died in September 1995 after battling lung cancer. In July 1995, the *Boston Globe Magazine* published his account of his struggle with the disease, an article that moved and inspired people throughout New England. Schwartz focused not only on the often-harrowing details of his diagnosis and treatment but also on the personal aspects of the care he received at the MGH.

Kenneth B. Schwartz

Andrew Dreyfus, a vice president at the Massachusetts Hospital Association and chairman of the Schwartz Center, announced at the event that the center so far has raised more than $500,000. He also described the first three initiatives that the center is undertaking.

The first project involves working through the four medical schools in Massachusetts to distribute Schwartz's article to every medical student in the state. In addition, more than a dozen nursing schools in the state will provide the article to students.

The second project involves commissioning the completion of an article entitled "The Rationing of Empathy," about balancing compassion with efficiency in the changing health care system, which Schwartz had begun before he died.

The Schwartz Center also is undertaking an effort to develop and evaluate models of care that focus on strengthening the bond between patients and caregivers.

Schwartz's wife, Ellen Cohen, president of the center, welcomed the overflow crowd before introducing a compelling video presentation about Schwartz's life.

A native of Newton, Schwartz graduated from Yale College and Yale Law School. He and his wife had a son, Benjamin, now 4 years old.

The Kenneth B. Schwartz Center is an autonomous organization based at the MGH that collaborates with MGH clinical and administrative staff. For information about the center and its projects, call 4-4746. ●

Do a little shopping at a little shop

The Ladies Visiting Committee has set up shop in the center of Building 149 [illegible] to [illegible] the General Store East [illegible] fragrance, snacks to stationery, Oct. 1 at the Charlestown Navy Yard. According to Maria Lombardi, the shop's manager, [illegible] the new store's most popular products and services are candy, greeting cards, stamps and film processing. Dry cleaning and shoe repair will be available next month, enabling the outlet to [illegible] the same services offered by the General Store and Flower Shoppe on the main campus.

— Capitation comes to the MGH

(Continued from Page 1)
smears for women and prostate exams for men all take on greater importance to PCPs treating patients under capitation. "At the same time, it compels PCPs to think very carefully about the tests they order and discourages them from ordering tests without careful consideration of whether they are the best diagnostic tools for the patient or even truly necessary."

Proponents of capitation say it also creates incentives for PCPs to care for the whole patient and not to focus simply on an episode of illness. Capitation may also encourage PCPs to explore alternatives that could prove better for patients than an extended stay at a tertiary hospital, such as home care, skilled nursing or a rehabilitation facility.

Treadway emphasizes that capitation promotes proactive approaches to patient care that PCPs can — and should — adopt for all of their patients, regardless of their insurance coverage.

Consumers' fear about capitation is that they will be treated differently than fee-for-service patients, with less access to necessary care. To prevent this, MGH physicians and administrators have put in place a number of initiatives, such as Operations Improvement and quality measures, to safeguard against creating a dual standard of care.

Treadway adds that she shares patients' concern that capitated systems could potentially create conflicts between physicians' financial well-being and patients' best medical interests, but she notes that MGH physicians already are finding ways to share financial risk to ensure that high-quality patient care is never compromised. "The most important thing to me as a PCP is that I have the complete trust of my patients, and I know that's a priority my PCP and specialist colleagues share. We are committed as a group and as an institution to provide the best patient care possible, regardless of the challenges any system brings." ●

MGH HOTLINE

MGH Vital Signs: FY 1996 year-end results

A quarterly status report on five key performance indicators

Admissions ended FY'96 slightly below budget and approximately 2 percent lower than last year. Fiscal year '97 is budgeted to decline at a similar rate. Despite this downward trend, which can be attributed to managed care penetration as well as a shift to more outpatient activity, the MGH has actually increased its share of the market as measured by admissions during the past four years. Favorable performance relative to other hospitals is related to significant investment in primary care and the community health centers, as well as to the Partners affiliation.

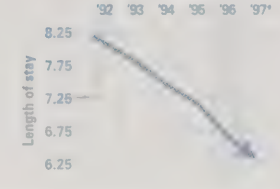
FY '96 actual:	33,899
Patient days	225,477
Surgeries	16,377
Births	1,513
FY '96 budgeted:	34,054
FY '95 actual:	34,611
FY '97 budgeted:	33,233

Six-year trend

Length of stay ended the year exactly on budget and a half day lower on average than last year. Further decline is expected for FY'97. For the most part, the MGH is reimbursed for care on a per-case basis, regardless of length of stay. Reducing patient stays, therefore, can lead to cost savings without reducing revenue. Additional pressure, however, is put on caregivers when the same level of clinical activity is compressed into fewer days.

	Days
FY '96 actual:	6.65
FY '96 budgeted:	6.65
FY '95 actual:	7.14
FY '97 budgeted:	6.27

Six-year trend



Average daily census of inpatients continued to decline as expected in FY'96 and is budgeted to continue to decline in FY'97. While this downward trend has enabled the hospital to reduce the number of licensed beds to 798, thereby reducing associated costs, many of the remaining beds are being used for observation stay patients, and the MGH is reimbursed at only half the rate of comparable inpatient care for these patients.

FY '96 actual:	616
Average beds in service	832
Occupancy rate	74%
FY '96 budgeted:	619
FY '95 actual:	677
FY '97 budgeted:	571

Six-year trend

Outpatient visits to main campus and health center ambulatory units ended the year ahead of budget at about 1 percent higher than last year. An even higher growth rate — albeit only slightly — is expected for next year. Investment [illegible] primary care practices throughout the Partners network, as well as increased activity related to the Dana-Farber/Partners CancerCare venture, are all key factors in continuing this favorable trend.

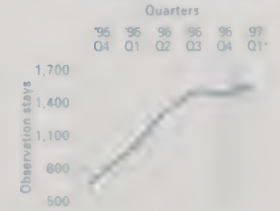
FY '96 actual:	623,099
Surgeries	11,991
Clinic visits	362,368
Health center visits	198,556
FY '96 budgeted:	608,671
FY '95 actual:	618,722
FY '97 budgeted:	633,000

Six-year trend

Observation stays were higher than budget this year and have grown dramatically since the category was established in late 1994. Observation status patients, many of whom would have been categorized as inpatients before the introduction of this category, typically stay for less than 24 hours. While they receive the same level of care as inpatients, the MGH is reimbursed for observation stays at only half the inpatient rate. In FY'97 observation stays are expected to grow only modestly compared with the steeply increasing levels of activity seen in FY'96.

FY '96 actual:	5,258
Chemotherapy infusion	747
Routine post procedure recovery	1,471
FY '96 budgeted:	4,702
FY '95 actual:	1,425
FY '97 budgeted:	6,228

Six-quarter trend



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MGH HOTLINE

— Partners in Excellence Award

(Continued from Page 1)

may lose sight of how much we have accomplished," says Kaye. "When you take a moment to contemplate the extent and breadth of the work we have done, it is an amazing tribute to the spirit of cooperation within Partners."

In a relatively short time, the following has been accomplished:

- The North Shore Medical Center joined Partners
- Dana-Farber/Partners CancerCare was established
- The high quality of the organization's patient care was again acknowledged as the MGH and BWH were the only New England hospitals to be named among the country's top 10 hospitals in *U.S. News and World Report's* annual survey. In addition, Dana-Farber Cancer Institute was rated one of the best facilities for cancer research and treatment. McLean and Spaulding were also ranked among the top U.S. providers in their specialties.
- The Partners research program grew to its highest level ever — $350 million, making Partners one of the largest biomedical research enterprises in the nation.
- Several administrative areas were consolidated, including Finance, Human Resources, Information Systems, Office of the General Counsel, Materials Management and Treasury.
- The Partners network recruited more than 700 primary care physicians, putting it a year and a half ahead of schedule.
- A consolidated total of $142 million in cost reductions has been achieved to date.

The awards will recognize individuals and teams at all levels of Partners for exemplary contributions toward these achievements. All medical, nursing and other staff will be eligible. Senior management is not eligible for the awards. A recognition ceremony will be held at each site the week of Dec. 9 to honor the recipients.

Nominations are being sought based on contributions in the following award categories: quality treatment and service, leadership and innovation, teamwork, operational efficiency and outstanding community contributions.

According to James J. Mongan, MD, president and chief operating officer of the MGH, the dedication and professionalism of Partners staff and employees are deserving of recognition. "Partners is well ahead of many other health care organizations because of its people. I am pleased to be a part of establishing this important new Partners tradition." ●

MGH Hotline
is published weekly by the MGH Development and Public Affairs Office

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by fax to 6-7475;
via e-mail to HOTLINE;
by mail to the Development and Public Affairs Office, 101 Merrimac St., fourth floor.

DEATHS

Pam Ellis, 31

Pamela J. Ellis died Oct. 25 after a long illness. Ellis had worked at the MGH since October 1992, when she was hired as a department secretary for George Baker, MD, then associate general director. Colleagues describe Ellis as a kind and extraordinary woman. In her four years at the MGH, Ellis was promoted twice, working for Peter Slavin, MD, senior vice president and chief medical officer and, until recently, for Samuel O. Thier, MD, president of The Massachusetts General Hospital and chief executive officer of Partners HealthCare System, and Martha Weinberg, chief of staff.

Along with her work in administration, Ellis volunteered as a patient visitor, focusing on patients waiting for placement in nursing homes who did not have many visitors or family members. In describing Ellis, Pat Rowell, director of Volunteer and Interpreter Services, says, "Her warmth and willingness to be present to others in a caring and quiet way made a tremendous difference in the experiences of our patients and provided a wonderful model for our new volunteers."

Chiu-An Wang, MD, 82

Chiu-An Wang, MD, retired chief of Endocrine Surgery at the MGH, died Oct. 24 at 82. Wang was an internationally recognized pioneer in the diagnosis and surgical treatment of thyroid and parathyroid disease. He published key research on the location of the parathyroid gland and was an expert in surgical techniques that preserved the laryngeal (voice) nerve.

Wang graduated from Harvard Medical School (HMS) in 1940 and served his residency at the MGH before returning to his native China. After practicing for several years in Canton and Hong Kong, he returned to the MGH in 1962. He became chief of Endocrine Surgery at the MGH and clinical professor of Surgery at HMS in 1981 and retired from clinical practice in 1993. His brother, C.C. Wang, MD, is clinical director of Radiation Oncology at the MGH. A memorial service will be held at a future date.

WHAT'S HAPPENING

"Technology with the Human Touch"

Members of the Department of Radiology will celebrate National Radiologic Technologists Week, Nov. 3 to 9, with the theme "Technology with the Human Touch." In addition to several events within the department, the 180 MGH technologists will be wearing special T-shirts Nov. 6 to express their team spirit and will hold a drawing for travel mugs, open to all members of the MGH community. MGHers may enter the drawing by dropping their names and hospital addresses into boxes placed in radiology reception areas throughout the week.

November 8, 1996

MGH HOTLINE

PUBLICATION FOR EMPLOYEES AND STAFF OF THE [illegible]

Employee benefit enrollment is slated for Nov. 11 to Nov. 22

[illegible] for selecting FLEX benefits options nears — open enrollment runs from Nov. 11 through Nov. 22 — MGH employees soon will be receiving detailed enrollment material at home. Employees who wish to change their existing benefit options are asked to call the automated telephone enrollment line, TeleFlex, at (800) 861-0123, which is available 24 hours a day. Those who are not making changes do not need to call, with some exceptions: Anyone who wishes to participate in Health Care or Dependent Care Reimbursement Accounts must re-enroll. At the end of the open enrollment period, all employees will receive a personalized statement confirming their benefit choices for 1997.

Turn to Page 2 for answers to commonly asked questions and a schedule of benefits information fairs.

Nominate an outstanding colleague for a Partners in Excellence Award

EMPLOYEES AND STAFF at Partners HealthCare System institutions can recognize talented and dedicated co-workers or teams of co-workers by nominating them for the Partners in Excellence Award. A nomination form is enclosed in this issue of *Hotline*. Nominations should be based on candidates' contributions within the following categories: quality treatment and service, leadership and innovation, teamwork, operational efficiency or outstanding community contributions.

Nomination forms must be submitted by Nov. 20 to George Kaye, coordinator of the award program, by fax at 6-3268 or by internal mail at:

Partners HealthCare System, Inc.
Human Resources
Division of Learning and Diversity
Charles River Plaza

Spotting tots sporting spots

[illegible]

Partnerswide patient confidentiality policy introduced

[illegible] to privacy and confidentiality is an essential part of ensuring high-quality health care delivery. Without a basic trust that the information contained in their medical records will remain private and confidential, many patients could opt to delay or even avoid necessary medical care.

To ensure that the highest standards of patient confidentiality are met throughout the Partners HealthCare System, newly developed patient confidentiality policies and procedures are being introduced systemwide.

"We take our responsibility for maintaining patient confidentiality very seriously," says James J. Mongan, MD, president

(Continued on Page 4)

Employee benefit enrollment Q&A

Among the benefit items employees will be considering in the coming weeks are several medical plans. While several plans will be available, MGH Plus has proved to be the most popular of the medical plans offered to hospital employees. Last year almost half of all employees chose MGH Plus, now known as Partners Plus. Below are answers to questions many may have when selecting a medical plan.

What is Partners Plus and how does it work?

Partners Plus is a medical plan previously called MGH Plus. It is a version of HMO Blue, a managed care plan offered by Blue Cross Blue Shield of Massachusetts. Participants may choose their primary care physician — often referred to as a PCP — from a list of 4,000 PCPs that are HMO Blue providers or Partners physicians.

The PCP is the central coordinator or "quarterback" of a patient's care. In addition to providing all primary care services that a patient may need, a PCP also works with the patient to determine if and when tests or consultations with specialists are needed.

Patients still may choose to seek care without a referral from their primary care physician and can select physicians outside of the Partners Plus network. Out-of-pocket costs will be higher when patients exercise this option. Details are available in enrollment materials.

What is Partners Value?

Partners Value is similar to Partners Plus, but in exchange for lower premiums, out-of-pocket costs are higher. The plan is described in detail in the enrollment package.

What will Partners Plus cost this year?

Premiums, the amount deducted from employees' paychecks, are lower this year for Partners Plus. Co-payments for office visits and prescriptions are the same as last year. Exact cost breakdowns appear in enrollment materials.

Are there any changes from the MGH Plus plan of prior years to the Partners Plus plan being offered now?

The name of the plan has changed to reflect the fact that its special provisions are now extended to other Partners providers. With Partners Plus, you can choose a PCP from members of the Partners medical staff, as well as the widespread HMO Blue network. If your PCP recommends specialty care, you always can ask for and receive a referral to a Partners facility.

Another important change to note is that, beginning this fall, a large number of the primary care physicians in the Partners Plus network will be working under a capitated arrangement.

Get more answers at a benefits fair

During the open enrollment period, employees are invited to attend one of the benefits fairs listed below.

Representatives from each of the benefit plans, as well as Human Resources staff, will be on hand to answer questions.

Benefits open enrollment periods for staff physicians and Partners corporate employees are separate from the FLEX open enrollment for MGH employees. Staff physicians and Partners corporate employees will receive information shortly regarding their open enrollment periods.

All employees are encouraged to read carefully the material they receive and ask Human Resources staff any questions that arise.

Benefits Fair Schedule

Tuesday	November 12	8 am to noon	Blake 8
Thursday	November 14	1 pm to 5 pm	Blake 8
Monday	November 18	1 pm to 5 pm	CNY 1, Research Affairs Conference Room 1A

What is capitation?

Capitation is a system in which health care providers are paid a set dollar amount for every patient under their care, regardless of the amount of care provided. It is one of a number of ways by which health care providers may be paid for their services.

In short, under capitation the financial risk and reward of medical care is shifted to providers. In practical terms this means that your physician does not need to check with the insurance company to get permission for any test, consultation or service. The decision is left in the hands of the PCP. In exchange for the greater independence, the financial risk now becomes the responsibility of the health care provider.

So is Partners Plus a capitated plan?

Not exactly. While Partners Plus is not a capitated plan, many of the 4,000 PCPs who are part of the plan's network, including the 700 PCPs associated with Partners, work with HMO Blue under a financial arrangement called enhanced risk-sharing, which will function similarly to a capitated arrangement. The providers will share in a significant portion of any savings achieved beyond the budget amount and also share in a significant portion of any costs in excess of the budget.

Will the care I receive change in a capitated arrangement?

Proponents of capitated care believe that physicians place a greater emphasis on preventive medicine and health maintenance when they are working in a capitated arrangement. Capitated plans can achieve cost reductions, proponents say, because

N O M I N A T I O N F O R M

PARTNERS
HEALTHCARE SYSTEM

THE PARTNERS IN EXCELLENCE AWARD

Exemplary accomplishments at all levels of the Partners HealthCare System contribute to building a strong, viable and customer-focused organization. Because of the excellence described below, I would like to nominate:

NAME OF CANDIDATE: _____

DEPARTMENT: _____

TEAM NAME AND TEAM CONTACT PERSON: _____

ORGANIZATION OF CANDIDATE OR TEAM: _____

DESCRIPTION OF ACCOMPLISHMENT. Please describe the reason ***(on the back of this form)*** for the nomination in 250-400 words making sure to highlight the outcome of the accomplishment in terms of quality improvement, financial savings or improved efficiency.

AWARD CATEGORIES: (please check one)

- ❑ Quality Treatment and Service
  (includes patient care, respect for individuals, customer focus, etc.)
- ❑ Leadership and Innovation (in patient care, teaching, research, management, etc.)
- ❑ Teamwork
- ❑ Operational Efficiency
- ❑ Outstanding Community Contributions

CRITERIA:
This award is a recognition of individuals and teams who have accomplished something of significance to improve Partners HealthCare System, Inc., in the areas of quality treatment and service, leadership and innovation , teamwork, operational efficiency or outstanding community contributions.

Any employee or physician in the Partners HealthCare System, Inc. and its affiliates in good standing is eligible to receive the Partners In Excellence Award. Any employee may nominate any other employee with one exception: Senior management are not eligible for nomination.

A committee at each Partners entities will review nominations from their organization. They will select and recommend employees who are eligible. Final selection of nominees will be the responsibility of the Partners Employee Recognition Committee.

The individual(s) nominating an employee or team should provide as much detail as possible to accurately describe the reason for nomination. Supportive documentation, such as letters from patients, etc., may be included with the submission.

PLEASE USE FORM ON BACK TO WRITE DESCRIPTION

Partners In Excellence Award

Written description 250 - 400 words.

NOMINATED BY: _____

TITLE/DEPARTMENT: _____

INSTITUTION: _____

DATE: _____ TELEPHONE NUMBER: _____

1996 APPLICATIONS SHOULD BE SUBMITTED BY NOVEMBER 20, 1996 TO:

George H. Kaye, Partners HealthCare System, Inc., Human Resources – Division of Learning and Diversity, Charles River Plaza, 185 Cambridge Street, Boston, MA 02114-2705 or fax to: (617) 726-3268, attn: George H. Kaye

care is provided in a more efficient manner and people are kept healthier, making costly tests and specialist visits unnecessary.

Opponents often express concerns that, in the interest of saving money, patients' access to certain costlier elements of health care — such as specialist consultations and advanced tests — is limited.

How do I ensure that I receive comprehensive health care and have access to testing and specialists?

Most important, select a PCP you trust and consider well-qualified. Since your primary care physician will "quarterback" your care, he or she will be responsible for making sure that you have total access to any needed health care. Discuss your concerns with your PCP, and feel free to ask questions.

With more than 4,000 PCPs in the Partners Plus network — including more than 700 associated with Partners — you will be able to choose from a large number of qualified PCPs.

The Partners Community HealthCare, Inc. network includes PCPs based at the MGH, BWH and in the community, making it easy for employees to select one who is convenient to where they work or to live.

Under this capitated arrangement, will my PCP's pay be connected in any way to how many services, tests or specialist consultations he or she orders?

Several factors play a role in determining a physician's pay, including the number of patients the PCP sees, the cost of treating those patients, and quality of care standards and patient satisfaction measures.

No particular decision — such as ordering a special test for an individual patient — will directly affect physician pay. Over time, however, if the cost of care by a physician group exceeds budgeted levels, either the physicians will have to alter the way they practice or physician pay will be adjusted to keep the budget balanced.

Which managed care plan gives me the greatest flexibility?

Partners Plus and Partners Value offer you the most flexibility. You can use the plan like an HMO, receiving care from network providers under the direction of your PCP. These plans also give you the freedom to get care from providers without your PCP's referral at reduced benefit levels.

Besides capitated arrangements, what are my health care options?

Several plans are available from which to choose, and your enrollment materials will include information on other plans. Keep in mind, however, that most experts agree that capitation will be the most common system in the coming years. While you may be able to choose a different style of plan now, in the near future it may be more a matter of which capitated system you select rather than whether your system is capitated.

Besides Partners Plus and Partners Value, the plans currently offered to MGH employees include:

- *Master Health Plus and Master Medical are indemnity or fee-for-service plans that pay providers for each service performed;*
- *Tufts Associated Health Plans pays fees for services performed but withholds a portion of the fees from PCPs. After the contract period ends, withheld fees are paid if the physician has met predetermined goals;*
- *Harvard Community Health Plan uses capitation to pay 75 percent of its PCPs, with the balance receiving salary payments. Both groups of PCPs are also eligible for bonuses.* ●

General Medical Associates joins MGPO

PART OF THE VALUE created by the Massachusetts General Physicians Organization (MGPO) is that it enables physician groups outside of the MGH to affiliate with the hospital in ways that they would not have been able to do otherwise. Last month, the MGPO demonstrated this advantage with the announcement that General Medical Associates (GMA) offices in Weston and on Cambridge Street in Boston had joined the MGPO. At the same time, a third GMA office, located in Brookline, joined the BWH Physician-Hospital Organization. In addition to making the services of a full multispecialty group available to MGH patients, these sites bring to the MGH the advantages of a well-established suburban presence and 10 years of experience with managed care.

GMA was founded as an independent specialty health care practice in the early 1970s. In July 1994, Partners Community HealthCare, Inc. (PCHI) purchased GMA in keeping with its mandate of developing a network of hospitals and physician practices.

New PCHI and GMA leadership have concluded that linking GMA practices with specific PCHI-network hospitals would improve the process. Given geographic considerations, the split — Brookline to BWH, Cambridge Street and Weston to the MGH — made sense.

Between the Weston and Cambridge St. sites, GMA employs four internists, six pediatricians and two nurse practitioners.

The benefits the relationship brings to the MGH are significant. GMA has a longstanding, successful relationship with Harvard Community Health Plan, now Harvard Pilgrim Health Care (HPHC). Approximately 50 percent of its patients are members of the Harvard health maintenance organization — a desirable relationship for MGH/MGPO physicians.

In addition, GMA provides the MGH with a presence in the western Boston suburbs. Much of the emphasis in the primary care development effort led by Brit Nicholson, MD, director of Primary Care Development, is expanding the MGH's primary care presence into a broader patient area, particularly in the Boston suburbs. The Weston site is expected to bring a significant number of suburban referrals into the MGH and may establish an MGH cornerstone for future suburban expansions. ●

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MGH HOTLINE

— *Partnerswide patient confidentiality policy introduced*

(Continued from Page 1)

and chief operating officer of the MGH. "As Partners continues to evolve and we increasingly share vital medical information among providers throughout our network, it becomes especially critical that we ensure confidentiality at all times."

According to Karen G. Grant, corporate director of Partners Health Information Management and chair of the Partners Confidentiality Integration (PCI) steering committee: "Every employee of Partners is responsible for safeguarding patients' medical information. Whether a patient's medical record is in verbal, written or electronic form, every staff member and employee is required to maintain patient confidentiality at all times."

During the past year, the PCI steering committee — a multi-institutional, multidisciplinary group — developed patient confidentiality policies and guidelines to be implemented throughout Partners. The committee also crafted various related resources, including a patient brochure,

> EVERY EMPLOYEE OF PARTNERS IS RESPONSIBLE FOR SAFEGUARDING PATIENTS' MEDICAL INFORMATION."

information release forms, confidentiality guidelines for staff and employees, and a confidentiality statement to be signed annually by every Partners employee. In addition, the committee charged each Partners institution with forming its own confidentiality committee to address related issues at the local level.

Gerry Abrahamian, MGH director of Health Information Management, and Sally Millar, RN, director of MGH Nursing Information Systems and interim director of Patient Care Representatives, co-chair the MGH Confidentiality Committee.

During the next several months, information detailing Partners confidentiality policies will be distributed to all MGH staff, employees and volunteers. In addition, support materials such as patient brochures, dos and don'ts for employees, modified encounter forms, and forms authorizing release of protected medical information — also will be distributed.

For additional information, employees should contact their supervisors, Abrahamian at 4-0208 or Millar at 6-3104.

WHAT'S HAPPENING

AMMP meeting
The next meeting of the Alliance of MGH Minority Professionals will be Nov. 14, from noon to 1:30 pm in the Trustees Room, Bulfinch 225A. Ernesto Gonzalez, MD, of Dermatology Associates, and his son, Philip Gonzalez from Partners Diversity, will speak on opportunities and challenges in health care from a Latino perspective.

Veterans Day shuttle service
The shuttle between the MGH, Prudential Center and BWH will operate on its usual schedule on Veterans Day, Monday, Nov. 11. No shuttle service will operate to 850 Boylston. Those with questions may call John Donovan at 6-2250.

Huntington's disease fund-raiser
Amaryllis plants will be for sale outside the main campus General Store and Flower Shop Nov. 13, from 10 am to 2 pm; Dec. 11, from 11 am to 2 pm; and Dec. 18, from 11 am to 2 pm. Plants will be $10 each. For information call Judy Sinsheimer, MSW, at 6-2603.

GLBA Thanksgiving
The Gay, Lesbian, Bisexual Alliance, in collaboration with the MGH AIDS Task Force, will participate in this year's Boston Living Center Thanksgiving dinner. Those interested in volunteering can call the GLBA hotline at 6-5687. Volunteers are asked to sign up by Nov. 12.

MGH Hotline
is published weekly by the MGH Development and Public Affairs Office.

Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office, 101 Merrimac St., fourth floor.

IN GENERAL

Dinesh Patel, MD, chief of Arthroscopic Surgery in the Department of Orthopædics, was one of 10 Massachusetts residents to be honored Oct. 21 with the Governor's New American Appreciation Award. The award — a hand-crafted wooden boat that symbolizes migrants to America, from the historic Pilgrims to today's immigrants — demonstrates the state's "belief in and commitment to the immigrants of the past who built America and the immigrants of the present who, together with descendants of past immigrants, sustain and enrich the United States." Patel, an internationally recognized expert in arthroscopic surgery who came to the United States after graduating from medical school in India in 1967, received the award as one of five "new Americans who have made significant contributions to their new country."

Among 55 new members elected to the Institute of Medicine of the National Academy of Sciences this year were **H. Richard Nesson, MD,** president of Brigham and Women's Hospital and Partners HealthCare System; and **David H. Sachs, MD,** director of the MGH Transplantation Biology Research Center. The 584-member association elects new members based on their major contributions to health or medicine or related fields. Membership brings with it a commitment to volunteer to work on committees studying various health policy issues, such as care at the end of life, genetics and new vaccine development.

November 15, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

MGH unveils new logo, identity system

THE MGH Board of Trustees and the General Executive Committee have endorsed a new hospital logo and corporate identity system. The new logo is now the only officially sanctioned symbol of the MGH and will replace the various institutional logos currently in general use.

MASSACHUSETTS GENERAL HOSPITAL

"This is a major step toward communicating a consistent hospital identity," says Allen Peckham, senior vice president for Development and Public Affairs. "The hospital's graphic image has been fragmented and confusing because of the use of many different symbols. With the new logo, the public will be able to quickly recognize messages from the hospital, which is important in this highly competitive health care marketplace."

The design system was developed by BrandEquity, a design firm in Wellesley, Mass. The new symbol features the letters "MGH," a schematic representation of the Ether Dome and the hospital's founding date, set on a shield designed to harmonize with the logo of Harvard Medical School. In most applications, the words "Massachusetts General Hospital" will be adjacent to the new symbol.

To ensure that all MGH stationery will be uniform in appearance, the identity system specifies how the logo appears on both departmental and individual letterhead, envelopes and business cards. The system incorporates use of the Harvard Medical School logo as well as symbols for other institutions, departments or centers, as appropriate.

As part of the new identity system, the hospital also has a new official color — "PMS (for Pantone Matching System) 633" in the language of a printer. It is the color used in this issue of *Hotline* and is also the official color for Partners HealthCare System.

According to Peckham, the new stationery design will be phased in over time. Users are not expected to discard supplies of stationery, but should switch to the new design when they are ready to reorder.

Stationery conforming to the new guidelines can be ordered through Standard Register beginning Nov. 29. Requests after that date for MGH stationery that does not conform to the new guidelines will not be accommodated.

Contact the Development and Public Affairs Office at 6-2206 for further information about layout specifications or to obtain electronic or camera-ready copies of the new logo. A special insert to *Hotline* describing the specifications of the new system will appear soon.

All the world loves a clown ...

Proving that laughter is in fact the best medicine, John Lynch of Ringling Bros. and Barnum & Bailey Circus recently spoke to a standing-room-only crowd of MGH pediatric clinicians. On a quick detour from the greatest show on earth, Lynch underscored the benefits of humor in decreasing stress, helping build trust and fostering stronger patient-caregiver relationships. After spending time with the grown-ups — including Alan Ezekowitz, MB ChB, DPhil, chief of Pediatrics, *left* — Lynch visited several pediatric patients.

Getting the word out and about

As part of a campaign to draw attention to MGH primary care practices and health centers, advertisements have been running in local newspapers, such as *The Boston Globe* and *Boston Herald*. The MGH/MGPO Marketing Department is directing the campaign, which is part of a system-wide Partners HealthCare System marketing effort. The campaign coincides with open benefit enrollment periods at many area companies. As MGH employees choose health plans for the next year, so too are employees at many organizations. The ads seek to get the word out about the breadth of primary care services associated with the MGH at a time when many people are selecting primary care physicians.

ADVANCES

Massachusetts campa prevalence of smokin

An MGH-led study has found the p Massachusetts dropped by 20 per extensive anti-smoking campaign excise taxes. Jeffrey Harris, MD, PH colleagues also found a 2.2 percen smokers since the Massachusetts was instituted in 1993.

The MTCP features an extensiv including a series of television, rad increased tobacco excise taxes. Th *and Mortality Weekly Report* also arette consumption could not be a smokers' buying cigarettes out of coauthors include Gregory Connol Department of Public He who

"Before the Tobacco C trol Pr mate that 23.5 percent of Massach says Harris. "Now the smoking rat reduction has major public health sents nearly 100,000 fewer smoker

Capitation coming to the MGH: The PCHI strategy

As MGH employees have heard more about the concept of capitation, questions have shifted to focus on what forces are bringing capitation to the hospital and why. In answering those questions, MGH and Partners HealthCare System leadership emphasize that capitation is not a phenomenon imposed upon the hospital by insurers. Capitation is an approach to managing health care that Partners and its member hospitals have sought out and are making happen. The entity that is bringing capitation to the MGH is Partners Community HealthCare, Inc. (PCHI).

Among its several responsibilities, PCHI is a network of primary care physicians across eastern Massachusetts affiliated with Partners. Since PCHI's founding in early 1994, more than 700 eastern Massachusetts primary care physicians have joined the network. By bringing together geographically diverse groups of high-quality primary care physicians, many of whom refer patients to the MGH and BWH for specialty care, PCHI functions as the integrating arm of Partners, creating a complete and self-contained health care system.

Chief among the reasons for creating this integrated network was to pave the way for successful deployment of capitation into the Partners entities. Ellen Zane, chief executive officer of PCHI, explains that several factors in the Massachusetts marketplace make capitation the right strategy: "In recent years, Massachusetts has had not only one of the highest levels of managed care penetration in the country but also the most expensive health care, with high insurance premiums, high levels of utilization and too many inpatient hospital beds. Something had to give. The MGH and Brigham were committed to leading market forces, rather than being pulled by them, and thus we sought out a strategy that could better control costs while increasing physician control of medical utilization." That strategy is capitation.

The MGH and Brigham were committed to leading market forces, rather than being pulled by them.

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MASSACHUSETTS GENERAL HOSPITAL

Logo and Graphic Identity System

THE MGH LOGO AND GRAPHIC IDENTITY SYSTEM have been developed to ensure that the MGH communicates a strong, consistent and effective graphic identity to the general public. If applied consistently over time, the symbol for the MGH will become readily recognizable even without the words Massachusetts General Hospital. This instant recognition of institutional identity is important in today's highly competitive health care environment. Because this recognition of the name and symbol of the hospital depends on its consistent usage, these guidelines should be closely followed.

This insert is a general guide to using the new logo and is not meant to answer every question that will arise in specific applications to stationery, publications, invitations and other printed materials. Questions regarding specific applications of the identity system should be directed to the MGH Development and Public Affairs Office at 6-2206.

THE IMPLEMENTATION of the hospital's new graphic identity system will take place over time. Individuals and departments are are not expected to discard supplies of stationery, but should switch to the new design when they are ready to reorder.

Stationery with the new logo can be ordered through Standard Register. Printing representatives there can assist in applying the new identity system to the specific needs of individuals and departments. While not all possibilities are shown in this insert, Standard Register has the specifications needed for a wide variety of specific applications and can serve as a guide to implementing the logo both on stationery and other printed materials.

The Development and Public Affairs Office at 6-2206 also can answer questions about the new identity system and can provide logos — both camera-ready and on disk in Macintosh and PC formats.

The Symbol

The symbol for the MGH derives its shield shape from that of Harvard Medical School, of which MGH is the oldest and largest teaching affiliate. The graphic on the shield represents the dome of the Bulfinch Building, which opened in 1821 and is the oldest building of the hospital. In addition to the letters "MGH" on the shield is the date 1811, the date of the signing of the charter that established the MGH.

Color

The official color of the MGH is a shade of blue in the Pantone Matching System — Pantone 633 — and is familiar to any printer. Whenever possible, the symbol should be printed in Pantone 633 and the accompanying words "Massachusetts General Hospital" in gray, Pantone 431.

If necessary, the logo and the words can both be printed in black only, in Pantone 633 only or in Pantone 431 only. The logo should never be printed in any other colors, except when reversing from a field of color as in the first example under "Printing Applications."

The Harvard Medical School logo is generally printed in Pantone 193 (red) but on MGH stationery may be printed in Pantone 431 or black.

Printing Specifications

The symbol and type can be printed on a field of color by using the "reverse" version of the logo, which substitutes a white outline for the edge of the shield and "reverses" the type, which would appear in the color of the paper being used. In this situation, the logo should appear ***only*** as in Example 1 below.

The logo also can be printed against a field of color by overprinting the logo and type in black, but only if the background color is light enough as in Example 2 below.

Example 3 illustrates a reversed logo that is not acceptable.

The logo can be used alone without the words, but this should be done only in cases in which no other solution is practical.

Example 1 - Acceptable

Example 2 - Acceptable

Example 3 - Unacceptable

In certain applications, it is permissible to print the logo and type in a "screen" of black, so that they appear gray. The logo can be "screened" or "ghosted," as in the example below:

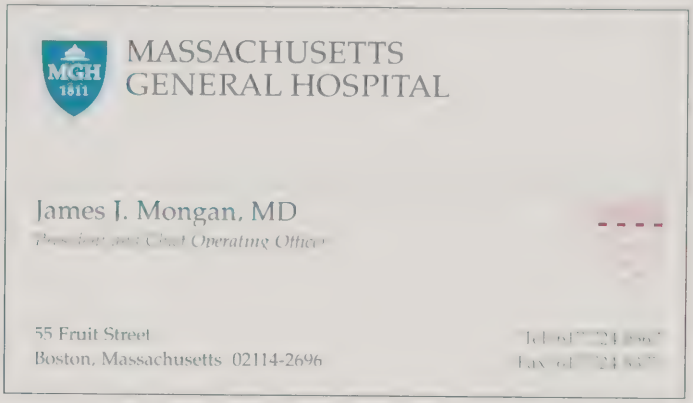
If the logo is ghosted behind other type, it should not be darker than 10 percent black.

Except for changing its size, the logo cannot be distorted in any way, including incorporating it into another illustration or otherwise manipulating the symbol or the type. The typeface — Palatino — is the only typeface that should be used for the words "Massachusetts General Hospital." The typeface should not be changed or manipulated in any way.

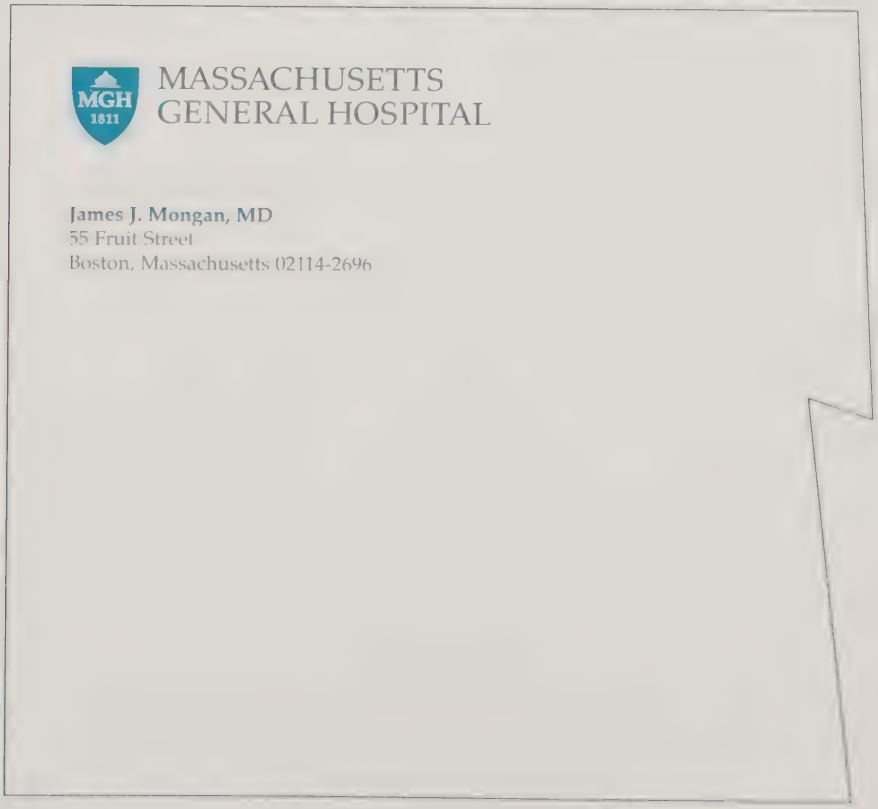
Applications

The stationery system has been designed to be as flexible as possible. Letterhead and business cards can accommodate the Harvard Medical School logo and an additional logo. While not all possibilities are shown here, letterhead specifications have been developed for individuals, departments and centers — including options for multiple names and addresses. Letterhead and business cards can be printed in three colors (the MGH blue and gray and red for Harvard Medical School); two colors (MGH blue and gray) or black only. Envelopes also can be printed in MGH blue and gray or black only.

Business card



Envelope



Physician letterhead (All letterhead examples are reduced in size.)

Nonphysician letterhead

Department letterhead

Bottom of page

Note: The Harvard Medical School logo and tagline does not appear at the bottom of the page if the logo appears adjacent to a physician's name at the top.

MGH HOTLINE

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Joseph Martin, MD, named dean of the Harvard Faculty of Medicine

FORMER MGH chief of Neurology and interim general director Joseph B. Martin, MD, has been named the next dean of the Harvard Faculty of Medicine.

Martin, a leading neurologist and educator, served for more than a decade as professor of Medicine at Harvard Medical School (HMS) and as chief of Neurology at the MGH. He has been chancellor of the University of California at San Francisco (UCSF) since 1993 and was dean of the UCSF School of Medicine from 1989 to 1993.

"The challenges we face in academic medicine require the investment of dedicated energy if we are to maintain, let alone strengthen, the remarkable achievements in health care and biomedical research of the past few decades," says Martin. "I am eager, with the help of the outstanding faculty and others throughout the Harvard medical community, to guide the Faculty of Medicine through these unusually challenging times."

Samuel O. Thier, MD, Partners HealthCare System CEO and president of The Massachusetts General Hospital, says: "Joe is an extraordinary leader — the ideal candidate to guide Harvard Medical School into the next millennium. He has a long and distinguished career as a pioneering neuroscientist and is widely respected as a gifted and passionate teacher. The decade he spent at the MGH and Harvard Medical School provides Joe with a valuable perspective of the university and its affiliated teaching hospitals."

Martin's vision, focus and philosophy as a medical leader can be discerned from his message as interim general director in the 1981 MGH Annual Report: "How does our society intend to measure its priorities when the economic squeeze grows tighter? It is tragic that this kind of conflict should arise. We need to support highly specialized medicine, and we also need to extend our ability to deliver basic care to the community. These are equal needs and ought not to be set against each other."

Martin will assume the deanship July 1, 1997, when Daniel C. Tosteson, MD, current HMS Dean will step down after 20 years. Martin will be the 15th HMS dean to have been on staff at the MGH. ●

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Terrence O'Malley, MD, an MGH primary care physician and associate medical director at PCHI, says putting control of medical utilization in the hands of physicians is a key component of PCHI's decision to pursue capitation. "In other forms of managed care, many medical decisions were being made by an 800-number operator employed by an insurer," O'Malley explains. "Because of the way financial incentives were structured, with insurers bearing risk for medical utilization, decisions about what tests could be ordered or how long a patient should stay in the hospital were being made by people who weren't medical experts and who never had contact with patients. We felt taking on the financial risk in exchange for regaining control of medical decision-making was an acceptable trade-off."

That strategy is capitation.

Both Zane and O'Malley agree that the time to bring on capitation is now, while insurance premiums are still high and the product is fairly new. "Because we did want to lead the market, we wanted to get in early so we could learn how to manage under this new system while premiums were still high and we were under less financial pressure," O'Malley says. Capitated insurance plans are expected to make up 60 percent of all coverage in eastern Massachusetts within the next three to four years.

Zane notes that capitation is very much a part of PCHI's future. "PCHI plans to continue to control functions such as medical management, information systems, quality assurance and data analysis," she reports. "We will do so by continuing to negotiate better capitated contracts for our providers and making careful, high-quality additions to our PCP network." Zane projects that by the end of fiscal year 1997, PCHI will include 850 primary care physicians and will have signed several new capitated contracts. ●

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MGH HOTLINE

Page 2

What's happening

FLEX open enrollment
Open enrollment for MGH employees covered under the Flexible Benefits Program runs from Nov. 11 through Nov. 22. Employees may call TeleFlex — (800) 861-0123 — 24 hours a day to make changes for 1997 and to enroll in a Health Care or Dependent Care reimbursement account for next year. At the end of the open enrollment period, employees will receive a personalized statement confirming their benefit choices for 1997.

Representatives from each of the different benefit plans as well as Human Resources generalists will be on hand to answer questions at the final Benefits Fair, Monday, Nov. 18, 1 pm to 5 pm, CNY Research Affairs Conference Room 1A.

Partners award reminder
Nomination forms for the new Partners in Excellence Award are due by Nov. 20. Forms should be submitted to George Kaye according to instructions on the form. Nomination forms are available through supervisors.

Mass. ALS fund-raiser
On Nov. 23, MGH patient Ginny DelVecchio will be honored for her work in establishing a Massachusetts amyotrophic lateral sclerosis (ALS) support group and for her fund-raising efforts. DelVecchio, whose mother and brother died from ALS, also suffers from the disease. ALS is a progressive neuromuscular disorder. Proceeds from the Nov. 23, 7 pm Merrimack College vs. Boston University hockey game, and from a preceding social, will be donated to the Ginny DelVecchio Fund and directed to the ALS research effort at the MGH Cecil B. Day Lab for Neuromuscular Research. Those interested in attending the game or social are encouraged to contact Debra DiGregorio at 6-5750.

Payroll stuffer glitch

All MGH employees were scheduled to receive a two-page insert about patient confidentiality with this week's paycheck. Due to a processing problem most employees received incomplete mailings. The patient confidentiality mailing will be redistributed in its entirety in early December.

Pediatric Service t-shirts
MGH Pediatric Service t-shirts will be sold at a table outside the MGH General Store and Flower Shop on the main campus Thursdays from 8 am to 2 pm. The shirts are available in white and purple for adults and assorted colors for children in a variety of sizes. Shirts are $15 for adults, and $8 for children. Proceeds will benefit the MGH Pediatric Service Education Fund.

In general

Patricia Rowell, director of Volunteer and Interpreter Services, has been voted 1997 president-elect of the American Society of Directors of Volunteer Services. The organization's Committee on Nominations wrote in a letter informing Rowell of her election that the group's membership identified her "leadership, vision and enthusiasm as qualities essential to guide our society through the years ahead." Rowell will become president of the society in 1998.

The American Microcirculation Society recently presented **Rakesh Jain, PhD,** of the MGH Cancer Center, with its highest honor, the annual Eugene M. Landis Award, for founding the field of tumor microcirculation and increasing the understanding of the role of tumor microcirculation in the delivery of molecular medicine to solid tumors. Jain was also recently elected to the board of directors of the Biomedical Engineering Society.

Gloria Niles, *left,* a phlebotomist in the MGH Cancer Center, was recently awarded the 1996 Career Achievement Award by the Friends of the MGH Cancer Center for her "commitment and compassion in caring for cancer patients." Niles has been at the MGH for 26 years. Donald S. Kaufman, MD, who attended the award ceremony, described Niles as "skillful and compassionate, with an extraordinary ability to calm anxious patients. She's a wonderful example of the MGH at its best." The award includes a cash gift of $1,000.

Deaths

Lamar Soutter, 87

Lamar Soutter, MD, who founded the MGH Blood Bank in 1942 and taught at the MGH for many years, died Oct. 12. A memorial service will be held Nov. 16 at 11 am in First Parish Church in Concord.

MGH Hotline
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November 22, 1996

MGH HOTLINE

A view that's more than skin deep

A NEW TYPE OF MICROSCOPE, developed at the MGH, may soon allow physicians to look deep within skin or other tissue without a surgical biopsy. The confocal laser scanning microscope (CLSM) uses a concentrated beam of light at a precise wavelength to penetrate layers of tissue. In contrast to conventional microscopes, which require tissue to be sliced into thin sections, confocal laser microscopes can probe many layers of a single sample of skin or other bodily tissue, producing "virtual" cross sections similar to images of the body produced by an MRI scanner.

(Continued on Page 3)

Using an infrared laser beam, which does little damage to tissue, the confocal laser scanning microscope can produce an image [illegible] deep within the skin

Laboratory integration is just a first step

FIVE CLINICAL LABORATORIES have now consolidated on Gray 5, representing the achievement of a key Operations Improvement initiative.

But according to Michael Laposata, MD, PhD, director of Clinical Laboratories, the consolidation is merely a first step in the Pathology Department's quest to "improve the service of clinical laboratory testing while improving efficiency."

Oi Update

The recent consolidation on Gray 5 brought together the Chemistry, Thyroid Endocrine, Reproductive Endocrine, Acute Care (blood gas), Immunology and Specialty Lipid labs. More integrations will undoubtedly occur, Laposata predicts, both within the MGH and with BWH.

But more important than integrating laboratories, Laposata says, are significant improvements in how the laboratories do business.

"There are some 2,000 clinical laboratory tests available, and physicians may need support in the selection and interpretation of the most appropriate test in a given situation," notes Laposata. "In a collaborative effort with the physicians, the laboratory increasingly uses algorithms to guide laboratory testing and also in some cases provides physicians with diagnostic interpretations along with test results."

With the laboratory serving as an active partner in the diagnostic process, it is possible to narrow the selection of tests to the right test for the right situation and to rapidly produce test results and an interpretation of the clinical significance of the results, says Laposata.

A pilot program the clinical laboratory is initiating through the Blood Bank is a good example of the collaborative systems approach. According to Kent

(Continued on Page 2)

Consumers prefer the MGH

THE MGH is the Boston-area facility consumers prefer most for overall health care service. The honor is based on a study of 170,000 households by National Research Corporation (NRC), a health care performance assessment company. Each year NRC conducts a nationwide consumer health care profile to generate health plan, physician, medical care, health system, hospital and community health status report cards. Those who rank highest on measures indicative of quality from a consumer's perspective are recognized as Quality Leaders.

NRC announced the study results earlier this week and will run an advertisement unveiling the most preferred hospitals in more than 100 metropolitan areas in the Nov. 18 issue of *Modern Healthcare Weekly Business News.*

— Laboratory integration is just a first step

(Continued from Page 1)
Lewandrowski, MD, assistant director of the MGH Clinical Laboratories and leader of the OI Clinical Support Services Design Team, the program requires physicians to use a specially developed form that provides the Blood Bank with the information necessary to supply the correct blood component in the correct amount. "The explicitly stated criteria make it harder for overutilization to occur," notes Lewandrowski. "And when one bag of single-donor blood platelets costs $800, mistakes can be costly."

According to Lewandrowski, new technology also has been a key factor in improving the lab's services, both in terms of cost savings and speed of test results. More and more tests are being automated using high technology equipment and computer systems.

"We will be phasing in a new computer system in mid-1997 that will essentially replace five separate clinical laboratory systems now in operation," Lewandrowski says. "The result will be fewer lab requisitions and more user-friendly services."

The Anatomical Pathology division is undergoing similar changes as a result of the OI process. Two specialty laboratories, Immunohistochemistry and Neuropathology, will combine with the back bench and the core histology laboratory on Blake 3 to form a tissue processing center. The central facility will enable cross training of staff, minimal transport and improved turnaround times.

Report-processing times will be reduced with the implementation of an automated dictation system. The system will increase physician access and streamline the operation.

According to Lewandrowski, the Operations Improvement initiatives will save about $3.5 million annually. ●

IN CELEBRATION

M. Edward Keenan, MD, MPH, chief of the MGH Myelodysplasia Unit, *left,* ended his one-year term as president of the American Academy of Pediatrics last month. His contributions to the organization were recognized by the MGH Pediatric Service at a special reception in his honor, where **R. Alan B. Ezekowitz, M.B ChB, DPhil,** chief of the Pediatric Service, *right,* presented Keenan with a gift from the service.

The entire September edition of the journal, *Critical Care Nursing Clinics of North America,* focused on the lung transplantation program at the MGH. **Susan Zorb, RN, MSN, ANP, CCRN,** lung transplant coordinator at the MGH, was the issue's editor. Other MGH contributors include: **Laura Aguiar; Richard Ash, RRT; Mandy Bass, RN, MS, CCRN, CNN; Greg Bird, RN, MS; Lawrence Cahalin, PT, MA, CCS; Sheila Duffy, RN, BSN; Gail Gazarian, RN, MS; Leo Ginns, MD; Stephanie Macaluso, RN, MSN; Susan Meyer, RN; Mimi O'Donnell, RN, MS, CS; Anthony Parello, RRT; Karen Parmenter, RN, CCRN; Tracey Smolin, MSW; Suzanne Snowden, RN, SRNA; Andrew Tager, MD;** and **Mary Toomey, RN, BSN.** "This project brought many professionals together," says Bass, a clinical nurse specialist on the Transplant Unit. "It was rewarding to have our program spotlighted in the professional literature."

PARTNERS PROGRESS

A shared image

LINKS TO A larger patient base as well as connections to a broade pool of experienced professionals an sophisticated systems are just two of the factors that may attract potential radiology trial sponsors to the BWH MGH Center for Clinical Trials in Radiology. Plus, through the center, radiologists associated with the Partners HealthCare System network have access to a broader profile of important new agents and devices fo testing. By adding value, the center i better positioned to solicit and facilitate clinical trials that can be carried out at the MGH and BWH under on administration.

The Center for Clinical Trials in Radiology is just one tangible example of the collaboration between lead ers of the Radiology departments at the MGH, BWH and North S Health System. Acting as the ad hoc Partners Radiology Operation Committee, this group has addressed several important and interdependent

MGH HOTLINE

Linda Ardisson, MS, supervisor of the Thyroid Endocrine Laboratory; Jim Flood, PhD, director of the Chemistry Laboratory; and Kent Lewandrowski, MD, assistant director of the MGH Clinical Laboratories and leader of the OI Clinical Support Services Design Team, monitor a device for thyroid testing.

Fall issue of *MGH1996*

The Fall issue of *MGH1996*, the hospital's external magazine, is now available. Among other articles, this issue includes a feature on the Department of Anesthesia, an update on the fight against diabetes and a look at the new MGH-Chelsea HealthCare Center.

Copies may be picked up at information desks at the main campus and at the CNY security desk.

areas, including:

- linking the imaging and information systems of the Partners Radiology departments;
- developing tools to manage utilization of imaging services under capitated contracts;
- reducing costs through joint purchasing, inventory management and process improvements;
- providing imaging services to physicians throughout the Partners network;
- creating joint research programs;
- defining leadership and administrative structure for Partners Radiology.

The operations committee — comprised of representatives from all three institutions and Partners — has generated a strategic plan for integrating the Partners Radiology depa[illegible]nts and a mechanism for gover[illegible]g the integration process, giving systematic direction to the creation of Partners Radiology. ●

— More than skin deep

(Continued from Page 1)

Previously confocal microscopes had been used in laboratories to examine cells or tissue samples on slides. But the CLSM, developed by Robert Webb, PhD, a physicist in the MGH's Wellman Laboratories of Photomedicine, has the potential of probing layers of living tissue to diagnose noninvasively diseases such as cancer.

Milind Rajadhyaksha, PhD, of the Wellman Labs has built a prototype research CLSM that can examine almost any surface of the human body. Using an infrared laser, the CLSM creates moving pictures of successive layers of skin. The video images move down through the outer skin layer and into the lower layer, revealing the different types of skin cells in each layer.

"We need to teach ourselves how cells look in this technique," Webb explains. "There are significant differences from traditional samples in which skin has been cut and stained. We need to learn how normal cells should look and how malignant cells appear under these conditions."

"IT'S LIKE LOOKING AT THE FIRST X-RAYS OR ULTRASOUND IMAGES. SOME OF THE THINGS WE'RE SEEING WITH THE CLSM ARE MYSTERIES; WE DON'T YET KNOW WHAT THEY MEAN."

Toward this goal, Rajadhyaksha is compiling a database of CLSM images of various lesions benign and malignant — to compare with standard slides of the same lesions after surgical removal. "It's like looking at the first x-rays or ultrasound images," he says. "Some of the things we're seeing with the CLSM are mysteries; we don't yet know what they mean."

Rox Anderson, MD, an MGH dermatologist and researcher working on the project, says: "The CLSM is giving us the first high-resolution look into living human skin ever. If it proves as useful as we hope for reliably diagnosing lesions like melanoma, it could totally change the experience for many patients. Benign lesions could be identified without having to be cut out. In the long run, the CLSM could substantially benefit patients, physicians and insurers alike by providing faster, better care with lower risk and less cost." ●

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WHAT'S HAPPENING

Chapel services
The interfaith Thanksgiving service will be Nov. 26 at 12:15 pm in the Chapel.

The first candle of the menorah will be lit for Hanukkah Dec. 5 at 5 pm in the Chapel.

Caring for parents
"The Crunch: Caring for Mom and Dad" helps attendees recognize the signs that a parent is in need of help, when and how to intervene and where to find help. M. Cornelia Cremens, MD, and Barbara Moscowitz, LICSW, MGH Beacon Hill Geriatric Health Practice, will lead the seminar Dec. 5 from 4 to 6 pm in the Wellman Conference Room. This is the first in a series of Work/Life Seminars sponsored by the MGH Employee Assistance Program. For information call 6-6976.

Discount tickets
Discount tickets to "Disney's World on Ice: The Spirit of Pocahontas" at the Fleet Center are available to MGH employees in the Warren Library starting Nov. 26. Tickets for loge seats in section 22 for the Dec. 26, 7:30 pm show cost $23.

With an MGH or Partners ID, twenty-percent-off tickets are available to the Symphony Hall and Wang Center productions of Handel's "Messiah." Performances are scheduled for Dec. 6, 7, 8, 9 and12 at Symphony Hall and Dec. 16 at the Wang Center. Both box offices will honor MGH and Partners IDs.

The Ballet Theatre of Boston is offering a discount of $2 off its "Nutcracker" performances during December to MGH or Partners employees who show an ID badge or pay stub at the box office or who identify themselves as MGH or Partners employees when they call 824-8000. Performances are at the Emerson Majestic Theatre.

Schedules are available in the Warren Library or by e-mail request to Traci Knoblauch of Human Resources.

United Way
United Way pledge cards will be distributed with paychecks Nov. 27. The deadline for submitting completed pledge cards is Dec. 13. This year's prize drawing for those who donate to the United Way campaign includes a grand prize of two round-trip flights to London, England, or Paris, France. Other prizes include gift certificates to local restaurants, museum passes and free parking at the MGH. On Dec. 9 there will be a silent auction in the Walcott Rooms for such items as gift certificates to local restaurants, framed prints and specialty foods.

MASSACHUSETTS GENERAL HOSPITAL

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Distinguished Scholar Awards
The executive Committee on Research and the Women in Academic Medicine Committee have announced their joint sponsorship of the Claflin Distinguished Scholar Awards for women scientists. An award will be given to each of two eligible candidates to cover up to $30,000 in direct costs per year over two years. To qualify, female MGH staff members must be MDs or PhDs with academic appointments at the instructor level or above at Harvard Medical School, and must provide evidence of strong research training and productivity, as well as a well-defined research focus. Each also must submit a description of a research project in which she is clearly the principal investigator. Because the award is designed to provide bridge funding for junior faculty who are in their early child-rearing years, applicants must also be responsible for the care of young children. The award is named in honor of Mrs. R. Morton Claflin, honorary trustee of The Massachusetts General Hospital, who is chairperson of the Women in Academic Medicine Committee. Applications should be submitted to Research Affairs by Jan. 9th, 1997. Call Research Affairs at 6-3651 for more information.

Holiday pay schedule

WITH THE BUSTLE of the upcoming holidays and plans for taking days off, employees can have one less thing to worry about by signing up for direct deposit of pay. Employees who have direct deposit will have their pay deposited automatically to their account. Those who do not have direct deposit may sign up for the service by submitting a Direct Deposit Authorization Form. Forms are available at the Payroll offices on Clinics 1 and CNY 149, second floor.

Employees will be paid this holiday season according to the following schedule:

Thanksgiving, Thursday, Nov. 28

Weekly paid employees will be paid Wednesday, Nov. 27

Christmas, Wednesday, Dec. 25 and New Year's, Wednesday, Jan. 1, 1997

Weekly paid employees will be paid on the regularly scheduled pay days, Thursday, Dec. 26 and Jan. 2, 1997. Early release of paychecks will not be possible.

Monthly paid employees will be paid on the regularly scheduled pay date, the 26th of November and December.

Joseph James, 28, dies

Joseph James, PharmD, a pharmacist on the overnight shift, died suddenly Nov. 10. He was 28. James, who lived in Boston, had worked intermittently for the hospital since 1988. "Joe was a hard worker and a good kid," says Theresa Visconti, RPh, pharmacy specialist, who had known James since he was a pharmacology student. "He will be missed." A memorial service for James will be held Dec. 3 at 2:30 pm in the Chapel.

November 27, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Partners unveils mission, vision, goals

As Partners HealthCare System approaches its third year of operation, its leadership has spent considerable time this summer and fall re-examining and reaffirming the goals and strategies of the organization. One tangible result of this planning effort is an updated mission statement, a strategic vision to lead Partners into the next millennium and a specific set of goals for 1997.

The Partners' mission statement, vision and goals are included as an insert in this issue of *Hotline*.

"The health care environment in which we operate is changing at an unprecedented pace," says Samuel O. Thier, MD, CEO of Partners. "Each day we confront new challenges, new obstacles. As a system, we have to be prepared to move ahead amid uncer-

(Continued on Page 4)

Mirin to step down as McLean president

Steven Mirin, MD, McLean Hospital president and psychiatrist-in-chief, informed the McLean community recently of his plans to step down from his hospital post July 1, 1997. After spending most of his professional life at McLean, Mirin will be leaving to become medical director of the American Psychiatric Association in Washington, D.C., the nation's oldest medical specialty society.

Mirin says he will be working with the McLean trustees and clinical, research and administrative staffs through the next six months to "help ensure both a smooth transition of leadership at McLean and our continuing role as a vital component of Partners Psychiatry." ●

Fall Feastivities

The toddlers at the MGH Child Care Center Nov. 22 enjoyed a special treat — lunch with their parents at the center's annual Fall Feast. The menu reflected the many cultures of the center's clientele, featuring such dishes as spring rolls, lasagna and turkey and stuffing. Most of the diminutive diners, like Nina Kaplan, top, quickly found something they could happily sink their tiny teeth into. Others, like Leo Chaidarun, bottom, took some persuading — provided by his mother, Sushela Chaidarun, MD, PhD, postdoctoral fellow in the Neuroendocrine Unit.

A Legacy of Excellence — A Future of Promise

MGH celebrates a tradition of philanthropy

CHAD MEISSNER, 2, accompanied by his father and his surgeon, hurried across the stage toward his mother. Applause thundered throughout the room. Janice Meissner smiled at her son, who was all dressed up for the big event in a tiny tuxedo and shiny shoes. Minutes earlier, Janice had recounted to the gathering of nearly 600 MGH friends how the hospital saved the life of her beautiful, high-spirited and now-healthy little boy.

Janice, Chad and Charles Meissner

Janice choked back tears several times as she told how Chad had been diagnosed soon after birth with a narrowing of the trachea that prevented him from breathing normally. Doctors in their home state of Florida gave the Meissners little hope that Chad could survive the risky surgery needed to correct the serious malformation. A glimmer of hope came, however, when one Florida surgeon told the family that if he had a child with this problem, he would head to Boston, to the MGH, to surgeon Hermes Grillo, MD. The next day the family boarded a plane to Boston.

The reunion on stage confirmed that the end of the Meissner's story was indeed a happy one.

Chad's tale was one of five patient stories — all simultaneously heart-wrenching and heart-warming — told through a blend of video and live presentations and woven together by ABC medical editor Timothy Johnson, MD. The stories provided an inspiring backdrop for an evening celebrating the MGH's tradition of philanthropy.

The Nov. 20 dinner at the Park Plaza Hotel brought together donors, physicians, employees and other members of the hospital family to celebrate "A Legacy of Excellence — A Future of Promise" at the MGH. The evening offered an opportunity for co-chair of the Leadership Campaign W. Gerald Austen, MD, MGH surgeon-in-chief and president of the Massachusetts General Physicians Organization, to announce that the hospital's five-year $160 million fund-raising effort had surpassed its goal more than a year ahead of schedule, raising $172 million in gifts and pledges.

As the evening came to a close, Jane Claflin, co-chair of the Leadership Campaign and an MGH honorary trustee, announced that the hospital was extending its campaign through Dec. 31, 2000, and doubling the goal to $320 million. "Because of the marvelous work that goes on at our hospital, the MGH makes friends from across the country and around the world every day," she told the guests. "We want our new friends to join with the many wonderful donors who have supported this hospital for so many years to help us reach our new goal."

Samuel O. Thier, MD, president of The Massachusetts General Hospital and CEO of Partners HealthCare System, in his keynote address remarked that in this era of uncertainty, the greatest challenge lies in the hospital's ability to sustain its innovative research enterprise, its excellent education programs and its vital community and social efforts. Philanthropy holds the key to the continued strength of these programs, he said.

Thanking those in the room for their ongoing support, Thier noted that because of the generosity of donors, "the MGH will never turn away anyone who needs care."

James J. Mongan, MD, MGH president and COO, underscored the importance of philanthropy in maintaining the hospital mission: "Your contributions help to provide the margin of excellence for which the MGH is so widely known."

Nearly 600 MGH donors and staff celebrated the hospital's legacy of excellence at the Park Plaza Hotel Nov. 20

PARTNERS™
HEALTHCARE SYSTEM

Vision 2000:

At a minimum, we believe our integrated health care system will include:

ONE. A network of primary care physicians and specialists strategically located to deliver high quality, cost effective health care and, in conjunction with Harvard Medical School and Harvard University, to participate in the research and teaching missions of Partners HealthCare System, Inc. Our system will help us design new approaches to medical management and measures to document outcomes and quality in order to improve care continuously. We also strive to create mutually beneficial relationships with providers outside our network;

TWO. Two major academic medical centers with a common physician organization and shared financial incentives, operating joint and common programs and services when they promote efficiency, quality improvement, or other goals;

THREE. A research partnership with Harvard Medical School and Harvard University with at least the breadth and depth of our current programs and with added emphasis on translational research and research in evidence-based medicine to enhance clinical practice. The enterprise will develop new corporate collaborations and investments;

FOUR. With Harvard Medical School and Harvard University, maintenance of a leadership position in the education of physicians, biomedical scientists, and health care professionals;

FIVE. A limited number of community and specialty hospitals committed to the Partners HealthCare mission;

SIX. The highest quality care, excellent services and facilities along the entire continuum of care;

SEVEN. A commitment to serve all members of the community, regardless of ability to pay;

EIGHT. A commitment to recruiting, training, supporting, and recognizing a diverse population of world-class physicians, nurses, and other health care professionals, biomedical scientists, managers, and staff;

NINE. Goals and incentives for individuals, departments, and institutions aligned to achieve our mission.

PARTNERS™
HEALTHCARE SYSTEM

Mission:

Partners is committed to serving the community. We are dedicated to enhancing patient care, teaching and research, and to taking a leadership role as an integrated health care system. We recognize that increasing value and continuously improving quality are essential to maintaining excellence.

Vision:

Partners is an integrated health care system that serves our communities by providing the full range of services from preventive primary care to long-term care. We improve our quality of care and further serve the public at large by pursuing our teaching and research missions. True to our heritage, we seek to attract the best people and to be an international leader in fulfilling our missions. We recognize that increasing value and continuously improving quality are essential to maintaining excellence.

1997 Goals:

Partners FY 1997 goals include targeted tasks in each of six areas:

I. System development and clinical integration
II. Service and market growth
III. Enhancement of the academic mission in research and teaching in partnership with Harvard Medical School and Harvard University
IV. Enhance value (quality and cost)
V. Revenue generation
VI. Management of change processes

MGH HOTLINE

"Generous donors have helped this hospital make it through difficult times," Thier said. "And we are counting on our community of supporters to help us lead the country through a needed reorganization of the health care system, a reorganization that improves the way we provide care now and permits us to invest in the research that allows us to provide far more effective care in the future."

The MGH launched its Leadership Campaign in 1992 with a base of $35.5 million. "This event gave us an opportunity to thank the th[illegible]nds of loyal donors who ha[illegible]supported this institution," said Allen Peckham, senior vice president for Development and Public Affairs. "These grateful patients, families, corporations, foundations and community-minded individuals believe strongly in the hospital's mission and tradition of excellence, and they are dedicated to ensuring that the MGH remains a resource for Boston, the region and the world." ●

Shared expertise enhances order-entry system

[illegible] all those involved in Dana-Farber/Partners CancerCare (DF/PCC) will turn off their computers at the same moment. When they turn them back on, the information systems (computers, software, networking lines) linking Dana-Farber Cancer Institute and Partners institutions will be connected. At least that's the incorrect image many people had when they heard that Information Systems were merging, says Meg Aranow, clinical systems management director for Partners Information Systems.

Far from such a vision of an instant conversion, Aranow explains, progress in Information Systems can better be described as incremental, with each site making the most of another's work and "leap frogging" or taking it to a higher level. In the past, as separate entities, efforts might parallel or compete with each another. Now, each institution benefits from what another institution has accomplished. The leap-frogging approach illustrates one of the benefits of institutional collaboration.

One example of this approach is the chemotherapy order-entry program now in use at the MGH. After entering basic patient information, clinicians enter a diagnosis and select a treatment regimen from a menu of protocols established by a team of MGH clinicians. Using patient weight and height data, the computer then calculates correct medication dosages and outlines individual treatment steps, such as recommended fluid needs.

Although clinicians can alter treatment programs, built-in safety features guard against excessive doses of toxic medicines, drug combinations that are dangerous, or the administration of medications to which a patient has a known allergy. The system also prompts users with reminders, such as alerts to check white blood count levels before administering certain drugs. The system, which is far more advanced than the former practice of writing each order on an individual sheet of paper, is available at the Blake 2 Infusion Center, the Cox 1 Clinic and on the computers of each attending oncologist.

The program, put into place at the MGH in August, has its roots in a system that is used at the BWH to red-flag mathematical errors and alert clinicians if any dangerously high doses of a medication are ordered. By building on technologically proven ideas used in the BWH program, Partners Information Systems staff were able to add more capabilities and tailor a program for use at the MGH. In another collaborative move, earlier this month Dana-Farber Cancer Institute adopted the BWH ordering system.

"The chemotherapy order-entry project was the first real proof of the benefits of working collaboratively to accomplish shared information systems goals," says Aranow. "We completed the project rapidly — in about six months — and staff are pleased with how the program works. Most important, the project furthers patient safety."

Other items on the agenda include implementing an order-entry program for all disciplines that has some of the features of the MGH chemotherapy order entry program and some from programs used at BWH.

Longer term goals for Clinical Systems Management, one of six divisions of Partners Information Systems, is to implement new results reporting and online medical records programs. Eventually the computer systems at each location will be based on a shared system architecture, while meeting each institution's individual needs. An image that is palatable, practical and beneficial. ●

More than 1,500 nominated for Partners Awards

PANELS OF JUDGES have been reviewing the names of more than 1,500 employees nominated for the first Partners in Excellence Award.

"We knew there were a lot of success stories behind Partners' achievements, but the number of employees who took the time to recognize their colleagues was overwhelming," says Samuel O. Thier, MD, CEO of Partners HealthCare System.

Suggestions of individuals and teams deserving of the award came from throughout the Partners system, and nominations recount excellence in patient care and service, leadership and innovation, teamwork, operational efficiency and outstanding community contributions.

"The response has made this a very competitive and prestigious award," says George Kaye, coordinator of the awards program. "Just being nominated is an honor when you consider the time and energy that were required to make a recommendation."

The names of MGH recipients will be listed in the Dec. 6 issue of *Hotline*. A special awards presentation will be held Dec. 9 from 2 to 3 pm in the WACC Cafeteria. Cake and refreshments will be served in the WACC Lobby from 3 to 5 pm. All employees are encouraged to attend. ●

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Mother and Child Center turns 2

This month marks the second anniversary of the return of obstetrical services to the MGH. On Nov. 1, 1994, the MGH Vincent Obstetrics Program came to life with the opening of the Mother and Child Center on Blake 13 and 14, including multiple deliveries, 1,805 babies were born at the MGH during the center's second full year of operation, nearly doubling the 965 births in its first 12 months.

Above is one of the MGH's newest arrivals, Adriana Elizabeth Ford, and her parents, Jamie Ford, *left*, and Elizabeth Zink, *center*, of Lynn. Adriana was delivered Nov. 22 at 7:15 am by Kim Daliana, CNM, *right*, one of the MGH's eight nurse midwives. Nurse midwives deliver 29 percent of the babies born at the MGH.

— *Mission, vision, goals*

(Continued from Page 1)

tainty. To do so, we must evaluate constantly what we are doing, where we are going and what it will take to get us there. We need to be able to steer a steady course while remaining nimble enough to adjust to major changes in the environment. And we must have a forward-looking road map to guide us along."

The mission, vision and goals serve as that guide for the entities that comprise Partners. Together these entities are building a strong, viable and consumer-focused organization to provide the highest-quality patient care, research and teaching. The Partners strategy focuses on offering superior value by delivering excellent care in a responsive and cost-effective manner. In addition, Partners aims to influence the external environment by helping to shape public policy and marketplace dynamics to sustain the strength of academic medicine.

"As we make decisions at the institution level, it is important that we remain mindful of the overarching Partners strategy," says James J. Mongan, MD, president and COO of the MGH. "Only by working collaboratively with a common mission and toward a broad and unified vision will we be able to sustain the strength of the Partners system and ensure that we can continue to serve patients, families and our community in the years ahead." ●

MASSACHUSETTS GENERAL HOSPITAL

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IN GENERAL

Last month several members of the MGH Neurogenetics Unit gave written and verbal testimony before the Massachusetts Special Committee on Genetic Information Policy, which is charged with proposing a law to protect genetic privacy so healthy people are not denied jobs or insurance coverage based on their genetic information. Among the contingent from the MGH were **Catherine Bove, MS, MEd; Pam Cohen, MS; Mia MacCollin, MD; Laurie Ozelius, PhD; Deborah Schuback; Katherine Sims, MD;** and **Susan Slaugenhaupt, PhD.**

The American Association of Tissue Banks recently honored **William Tomford, MD,** interim chief of Orthopædic Surgery, with the George W. Hyatt Memorial Award for "his lifetime of scientific contributions to the field of tissue banking, tissue transplantation, and transplantation medicine."

December 6, 1996

MGH HOTLINE

$5 million gift to DF/PCC establishes The Gillette Centers for Women's Cancers

THE GILLETTE COMPANY has awarded $5 million to support the Women's Cancers Program of Dana-Farber/Partners CancerCare (DF/PCC). The gift helps establish The Gillette Centers for Women's Cancers, an adult oncology program that combines the strengths of the MGH, BWH and Dana-Farber Cancer Institute (DFCI). The funding will commence in 1997 and extend over a period of five years.

More than 250,000 American women are diagnosed with breast, ovarian, endometrial and cervical cancers each year. The Gillette gift, the first major philanthropic commitment to Dana-Farber/Partners CancerCare, will underwrite research and innovative clinical therapies for early detection, prevention and cure of these cancers.

"This is a gift of extraordinary vision," said David G. Nathan, MD, chief executive officer of Dana-Farber/Partners CancerCare and president of DFCI. "For years, The Gillette Company has been setting the standard for product innovation. Now Gillette has set a philanthropic standard for others to follow."

Nathan added that the Gillette gift underscores society's immediate need for the quality of care that these centers will offer. "The greatest hope for a cure lies in the

(Continued on Page 4)

Tumor bank assists cancer researchers

A YOUNG MGH RESEARCHER has an idea about how tumor cells send signals to blood cells that cause cancer to spread. The idea has merit, but how will the scientist test her theory?

Until recently, there was no organized system for scientists to obtain human tumor tissue needed for their studies. Now, with the recently established MGH Tumor Bank, scientists have better access to the samples critical to research. A collaborative effort of the MGH Cancer Center, the Hematology/Oncology Division of the Department of Medicine and the Department of Pathology, the Tumor Bank is the

(Continued on Page 3)

Physicians speak, computer listens

Daniel Rosenthal, MD, Radiology, dictates a report into a microphone. Almost instantly, thanks to state-of-the-art voice recognition software specifically attuned to the language of a radiologist, his words appear on a computer screen, transcribed without human hands on a keyboard. Finished dictating, Rosenthal can edit his report or, if the computer has made no mistakes, accept and sign it. Once signed, the report instantly enters the hospitalwide Patient Care Information System, where it is available to those clinicians who need it.

Developed by IBM, the software is part of the Operations Improvement proposal of the Clinical Services Design Team, which Rosenthal directs. The new system is currently being used by approximately 10 staff radiologists and many residents, Rosenthal says. As new stations come on line, the department's reliance on transcriptionists is expected to steadily decrease. In short, the system neatly meets the two primary objectives: to improve patient care and reduce costs.

Contributing to the United Way helps those in need

SHE WAS IN HER 20s and highly educated, had a good job and — suddenly — she was homeless. An electrical fire ripped through her apartment building, devouring all her belongings save for a few kitchen utensils.

"It was devastating," she recalls. "I was in a state of shock. I didn't have any family nearby. I had just paid off my college loans, so I didn't have any resources to fall back on."

Thanks to several United Way-supported agencies, she was provided with food and clothes to see her through the immediate aftermath of the fire.

Today, 17 years later, that same woman is chairing the MGH's 1996 United Way Campaign.

"I learned that your safe and comfortable life can be unexpectedly disrupted, leaving you a person in need," says Trina Oswald, OTR/L, MS, director of Occupational Therapy and chairperson of this year's MGH United Way Campaign. "I also learned that, no matter who you are, in the blink of an eye you could find yourself in need of the help provided by the United Way and the agencies it supports."

Each year the United Way of Massachusetts Bay helps thousands in need by supporting an extensive range of community programs. And each fall, the United Way looks to corporations, businesses and other organizations to help raise the funds that enable the continuation of these vital services. The MGH is one such organization that annually supports the United Way. The hospital also has benefited directly from its participation.

UNITED WAY
OF MASSACHUSETTS BAY

"I LEARNED THAT YOUR SAFE AND COMFORTABLE LIFE CAN BE UNEXPECTEDLY DISRUPTED."

Through the "Partners in Caring, Partners in Sharing" program, hospitals that raise more money than in the previous year receive a portion of that increase to support the social service needs of patients and families.

Early tallies indicate that MGH employees and staff have already pledged $23,486 to this year's United Way campaign.

While employees and staff have until Dec. 27 to return their completed pledge cards, which were distributed with paychecks Nov. 27, there are a number of incentives to return them sooner. Drawings will begin Dec. 9 for such prizes as gift certificates to local restaurants and free parking at the MGH. To be eligible for the grand prize drawing for two round-trip flights on American Airlines to London or Paris, employees and staff must submit their completed pledge cards by Dec.18. There also will be a silent auction to benefit the United Way Dec. 9, from 7 am to 4 pm, in Walcott Rooms 2 and 3. Up for bid will be such items as restaurant gift certificates, specialty food baskets and museum passes.

Two community mental health centers join PCHI

RIVERSIDE Community Care of Dedham and South Shore Mental Health of Quincy have signed an agreement with Partners Community HealthCare, Inc., (PCHI) establishing a full-service behavioral health care network that will deliver integrated mental health and substance abuse services across 100 communities in Eastern Massachusetts.

This agreement is the first of its kind in Massachusetts," says Ellen Zane, chief executive officer of PCHI. "Partners is now able to provide the full continuum of mental health services in one network, from wellness and prevention to crisis intervention, inpatient hospitalization, step down programs and outpatient services."

PCHI, Riverside Community Care and South Shore Mental Health may collaborate to develop additional community mental health and substance abuse services, under public and private contracts, in other Massachusetts communities.

Kadar Asmal, MD, an internist and endocrinologist in General Medical Associates, recently was one of eight physicians to receive the Harvard Pilgrim Health Care Outstanding Physician Award. He was nominated by colleagues and patients. Two of three offices of General Medical Associates, a specialty practice with locations in Boston, Brookline and Weston, joined the Massachusetts General Physicians Organization in October. The third office joins BWH Physician-Hospital Organization.

PARTNERS™
HEALTHCARE SYSTEM

Partners in Excellence awards ceremony Dec. 9

Partners HealthCare System will present its Partners in Excellence awards to MGH honorees at a formal ceremony Monday, Dec. 9, from 2 to 3 pm, in the WACC Cafeteria.

More than 1,500 employees throughout the Partners system were nominated to receive a Partners in Excellence Award, making the selection process highly competitive. "We are very pleased to honor and thank those individuals who have contributed to the successes of Partners HealthCare System," says Samuel O. Thier, MD, CEO of Partners and president of The Massachusetts General Hospital. "The recipients and all of the nominees represent the true spirit of excellence, innovation and accomplishment upon which health care will continue to depend."

The following list includes honorees from all Partners organizations.

Susan Acquaviva
Charlotte Agostini

All Staff Committee — Brookside
Stephen Colchamiro, DMD
Steven Faulkner
Betsabeh Ghazian
Mark Higgins
Ruth Jacobs
Yvonne E. John
Carmen Ortiz
Dolores Rios, RN
Jessica Steinert

Lorraine Allan
Denise Ambrosi
Evelyn Arias
Anthony Autori
Angela Bader, MD
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Barbara Bauman, RN
Catherine Beisheim, RN
Francine Benes, MD, PhD

Billing Team
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Jennifer L'Orange
Pauline L'Orange
Christina Larossa
Sue Mahoney
Anne Marino
Josephine Reeves
Carol Villa
Pearl West

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Peter Black, MD
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Mana Bloch

Blue Care 65 Team
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Meg Costello
Maureen Foley
Patricia George
Patrick Gillan
Maryann McCorkle
Lynn Miller

Catherine Blunt
Hollis Bowman
Michael Borges

Prince Bosque-Hamilton
Mark Botsch
Maureen Bourque
Sandra Boyd
John Brennan
Kenneth R. Bridges, MD
Ellen Brown, RN

BWH Chemotherapy Unit
Kathleen Connor, RN
Anne Kelly, RN
Thomas Kloss, RN
Mary K. Maloney, RN
Nancy M. McCarthy, RN
Kathleen McDermott, RN
Kristen Roper, RN
Tracey Slaven, RN

Jimmy Caban
Tammy Cafiso-Bernard
Rody Canham Blair
Barbara Cashavelly, RN

BWH Center for Reproductive Medicine
Glen Adaniya, MD
Robert Barbieri, MD
Robert Clarke, MD
Barbara Corrcia, MD
Janis Fox, MD
Jennifer Gardella, RN
Patricia Genettis, RN
Anne Geoghegan
Elizabeth Ginsburg, MD
Melissa Herring
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Mark Hornstein, MD
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Katharine Verne Jackson, MD
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Elena Yanushpolsky, MD
John Yeh, MD

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Erin Deroche-Perault
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Terrence Doorley, MD
Cynthia Dorsey, PhD
Catherine Douglas, RN
Margaret Drake

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William W. Churchill
Margaret Clapp
Tom Cooley

Harry Demonaco
John Fanikos
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Mark Kaplan
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Thomas Lee, MD
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Tina Profitt
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Peter Slavin, MD
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Pamela Enge, RN

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Christine Collins
Nancy Crehan
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Leanna Hatton
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PARTNERS IN EXCELLENCE AWARDS

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Fredric Frigoletto, MD
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Wendy Gates, RN
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Kathleen Gottbrecht, RN
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Sharon Lane
Joyce Levy, RN
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Myra Muir, RN
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Elvi Rigby, RN
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Joan Ryan, RN

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Roger Weiss, MD
Robert Welch
Donald Whitney
Mary Williams, RN
Caroline Williamson
Deborah Wilson
Elaine Wilson Young, RN, PhD
Amy Jane Winchell

Limited seating will be available in the WACC Lobby for those wishing to attend the 2 pm awards ceremony Dec. 9. Following the presentation, the entire MGH community is invited to the WACC Lobby, where cake and refreshments will be served from 3 to 5 pm. Cake and refreshments will be served in the WACC Lobby from 10 to 11:30 pm for those working the night shift.

— Tumor bank assists cancer researchers

(Continued from Page 1)

first of its kind in Boston. It is designed to routinely collect human tumor specimens from surgeries performed at the hospital and make them available to scientists conducting cancer research.

"There is a great demand among cancer researchers for human tumor tissue," explains Frank Haluska, MD, PhD, director of the MGH Hematology/Oncology joint fellowship program and chairman of the Tumor Bank Governance Committee. "Because there was no centralized system in the past, this tissue has been difficult to collect."

Bruce Chabner, MD, chief medical officer of Dana-Farber/Partners CancerCare (DF/PCC), says: "The MGH tumor bank is a resource to all researchers and collaborators within the Boston area, including staff at BWH and Dana-Farber Cancer Institute. The overall plan of the DF/PCC calls for the future development of additional tumor banks at the Longwood site."

According to Haluska, before the development of the Tumor Bank, researchers had to informally collaborate with surgeons or the Pathology Department to acquire specimens for studies. Unless there was an immediate request for a particular tissue, the portion of the tumor not needed for biopsy would be discarded. The Tumor Bank allows excess tissue to remain available for researchers who may need it for future studies.

"THE MGH TUMOR BANK IS A RESOURCE TO ALL RESEARCHERS AND COLLABORATORS WITHIN THE BOSTON AREA."

Tumor specimens are collected through the MGH operating rooms and taken to the area where "frozen sections" are prepared for analysis by the Pathology staff. The excess tissue now is collected by the Tumor Bank technician, Jing Wang, MD, frozen in liquid nitrogen and stored in the Tumor Bank. When possible, samples of corresponding normal tissue are stored with the pathologic specimen along with clinical information about the case. The Tumor Bank currently has space for nearly 20,000 specimens; more than 1,500 have been collected to date.

"By providing our scientists with the resources they need, we make cancer research more efficient and effective," says Haluska. "This, in turn, helps them make more rapid progress in developing new diagnostic procedures and treatments for cancer patients."

The Tumor Bank is located in the Hematology/Oncology Department on Jackson 10. For information about obtaining tumor specimens, call 4-7081.

Leticia Castillo, MD, of Pediatric Services, recently received the Lynn M. Reid Fellowship as part of the Harvard Medical School 50th Anniversary Scholars in Medicine program. The fellowship program was established in 1995 to celebrate the 50th anniversary of the admission of women to Harvard Medical School (HMS), to acknowledge the contributions of women to the school and to enhance the quality and diversity of the HMS Faculty of Medicine.

The Biomedical Engineering Society recently recognized **Sangeeta Bhatia's** excellence in academic achievement and research in biomedical engineering with the Whitaker Graduate Student Award. Bhatia is a graduate student working in the Center for Engineering in Medicine at the MGH.

The Society of Physical Regulation in Biology and Medicine recently awarded **Fatima Merchant, PhD,** a postdoctoral research fellow in the MGH Center for Engineering in Medicine, with the Iwao Yasuda Award for her contributions to biomedical research in the area of physical regulation in biology and medicine.

DF/PCC names Board of Trustees

An eight-member Board of Trustees has been appointed to oversee the governance of Dana-Farber/Partners CancerCare (DF/PCC). The board is comprised of representatives of Partners HealthCare System and Dana-Farber Cancer Institute (DFCI).

The chair of the DF/PCC board is Gary Countryman, who is also the chair of the DFCI Board of Trustees. Other trustees are Eugene Braunwald, MD, Partners vice president for Academic Programs; Jack Connors Jr., chair of the Partners Board of Trustees and BWH trustee; Arthur Goldstein, Massachusetts General Physicians Organization trustee; David E. Nathan, MD, chief executive officer of DF/PCC and DFCI president; Vincent O'Reilly, vice chair of the DFCI Board of Trustees; Richard Smith, vice chair of the DFCI Board of Trustees; and Micho Spring, a Partners and BWH trustee.

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MGH HOTLINE

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WHAT'S HAPPENING

Distinguished Scholar Awards
Applications should be submitted to Research Affairs by Jan. 9, 1997 for Claflin Distinguished Scholar Awards for women scientists. The awards are jointly sponsored by the Executive Committee on Research and the Women in Academic Medicine Committee. Awards will be given to two eligible candidates to cover up to $30,000 in direct costs per year over two years.

To qualify, female MGH staff members must be MDs or PhDs with academic appointments at the instructor level or above at Harvard Medical School, must provide evidence of strong research training and productivity, and have a well-defined research focus. Each also must submit a description of a research project in which she is clearly the principal investigator. Because the award is designed to provide bridge funding for junior faculty who are in their early child-rearing years, applicants must also be responsible for the care of young children. The award is named in honor of Jane Claflin, honorary trustee of The Massachusetts General Hospital, who is chairperson of the Women in Academic Medicine Committee. Call Research Affairs at 6-3651 for more information.

Sing in the season
All musical MGHers are invited to join in a holiday songfest on Dec. 19 from 12 noon to 1 pm. Meet at the top of the new staircase leading from the main corridor in the White Building down to the Eat Street Cafe, and raise your voices in celebration.

Concert in the Chapel
The MGH Chaplaincy will host a fife and drum performance Dec. 18 at 2pm as part of its its series of Chapel Concerts.

Pain management
The Advanced Practice Nurse and Physician Assistant Clinical Provider Subcommittee is sponsoring the second in a series of presentations on Primary Care Pain Management by Annabel Edwards, RN, MSN, clinical manager of the MGH Pain Center. The Dec. 9 program, which includes dinner, will run from 6 to 8 pm, in the Trustee's House conference room. CEUs have been applied for. To register call 6-3111.

Vacation camps
The MGH Children's Center will offer vacation camps during the February and April school vacation weeks for children of MGH and Partners employees. Tuition is $120 for the four-day February camp and $150 for the five-day April camp. Space is limited, and available on a first come, first served basis. Beginning Dec. 9, applications will be available in the Employee Assistance Office, VBK4, and at the CNY Security Desk. For information call 6-KIDS (6-5437).

Mongan to host holiday celebration
All MGHers are invited to attend a hospitalwide holiday celebration hosted by James Mongan, MD, MGH president and COO. Three parties will be held at times and locations chosen to allow as many employees and staff members to attend as possible.

Dec. 18	MGH East 2 to 4 pm
Dec. 18	White Lobby 10:30 pm to midnight
Dec. 20	ACC Cafeteria 2 to 4 pm

Each celebration will feature a variety of holiday treats and music to celebrate the season.

MASSACHUSETTS GENERAL HOSPITAL

MGH Hotline
is published weekly by the MGH Development and Public Affairs Office

Submit news tips and story ideas to *Hotline* co-editors Wendy Matarazzo at 4-2753 or Jeff Wdow at 4-6425; by fax to 6-7475; via e-mail to HOTLINE; or by mail to the Development and Public Affairs Office, 101 Merrimac St., fourth floor.

— The Gillette Centers for Women's Cancers

(Continued from Page 1)

world-class research that Gillette is supporting," Nathan says. "I am deeply grateful and proud of our new association with The Gillette Company. The Gillette Centers for Women's Cancers of DF/PCC will be a model for women's cancer care unsurpassed in the world."

The Gillette Centers for Women's Cancers will offer medical and surgical oncology, gynecologic oncology, radiation oncology, pathology, radiology, genetic counseling, reproductive (fertility) medicine and psychosocial services. These services will be coordinated and combined at DF/PCC's two Boston sites: the MGH campus and the Longwood site, which comprises BWH and DFCI. The Gillette Centers will offer accessible, state-of-the-art treatment for breast, endometrial, ovarian and cervical cancers.

Patients at The Gillette Centers for Women's Cancers will benefit from a multidisciplinary approach to outstanding cancer care. According to Ross S. Berkowitz, MD, who leads the Gynecologic Oncology Disease Program for DF/PCC and serves as director of the Division of Gynecologic Oncology at BWH: "A multidisciplinary clinical setting is the best approach to a coordinated treatment plan. Patients will receive their diagnosis, treatment and follow-up care from specialists located on one floor, allowing a diagnosis to be made in the most effective and efficient manner possible."

Barbara L. Smith, MD, PhD, who leads the Breast Oncology Disease Program at DF/PCC and serves as director of the Comprehensive Breast Health Center at the MGH, said that cancer care is no longer a "one-size-fits-all" approach. "Today, treatment is tailored to the woman as well as to the disease," she said. "We must take into consideration each individual's personality, lifestyle and diagnosis. Involving the patient in every aspect of her care is key."

The Gillette Center for Women's Cancers at the MGH will be located on the first floor of the Cox Building and will be co-directed by Smith and Arlan F. Fuller, Jr., MD, of the Vincent Memorial Obstetrics and Gynecology Service. The Gillette Center at the Longwood site will be on the 11th floor of the Charles A. Dana Building of the DFCI and will be co-directed by Berkowitz and Smith. Both sites currently are undergoing renovations, which are scheduled to be completed by the fall of 1997. ●

December 13, 1996

MGH HOTLINE

Partners in Excellence awardees honored

The Beatles' "A Hard Day's Night" rocked the WACC Lobby Monday afternoon. The song marked the finale to the first Partners in Excellence awards ceremony to honor recipients from the MGH, the hospital's Charlestown, Chelsea and Revere health centers, the Institute of Health Professions, McLean Hospital and Spaulding Rehabilitation Hospital.

(Continued on Page 3)

Message from the president:
James J. Mongan, MD

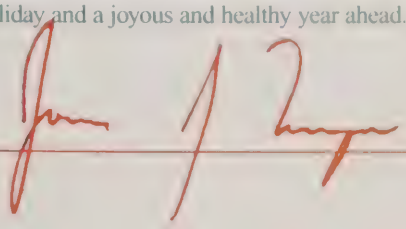
The [illegible] continues to be an incredibly busy one for all of us at the MGH. Our hospital has been very full these past weeks, with an occupancy rate consistently greater than 90 percent. Such high occupancy requires tremendous commitment on the part of the entire MGH team.

I am proud that our employees and staff have risen to meet the challenges presented by this exceptionally active time. Our success is a testament to the trust that the community places in the MGH, in the people who work here and in our colleagues throughout Partners. From those delivering care at the bedside to those providing vital services to support that care, everyone continues to pull together to ensure that we offer the same level of excellence and compassion no matter how busy we may be. Thank you all for your hard work and your unwavering dedication to our patients.

Although we are busy, indeed, I hope every member of the MGH family can join me at one of three hospitalwide holiday celebrations planned for next week. I look forward to visiting with you at the following events:

Wednesday, Dec. 18, 2 to 4 pm, atrium of Building 149, Charlestown Navy Yard; Wednesday, Dec. 18, 10:30 pm to midnight, main campus, Main Lobby; and Friday, Dec. 20, 2 to 4 pm, main campus, WACC Cafeteria and Lobby.

I want to take this opportunity to wish the entire MGH community a very happy holiday and a joyous and healthy year ahead.



From the archives

The night the lights went out

Nearly halfway through a 5 pm ward staff meeting in the White Building, the lights flickered briefly and then stayed on, only much dimmer. Barely missing a beat, the attendees continued their discussion until one doctor, whose eyes had wandered to the windows overlooking Beacon Hill, interrupted the session. Although the Hurlbut Conference Room at the MGH remained lit, the rest of the city was black.

At 5:27 pm, Nov. 9, 1965, a blackout plunged into darkness 30 million people across seven northeastern states and Ontario, Canada. The havoc wreaked late last week by a snow-and-rain-induced power outage, which affected only certain towns and a relatively small number of people, may only suggest the effect of a blackout of the scope and size of the 1965 power loss.

Throughout the days that followed the onset of the 1965 blackout, the bustling city of Boston was rendered nearly non-functional.

Thanks to the foresight of Joe Degen, the former MGH assistant director who oversaw maintenance and building planning, an emergency power system provided enough fuel to light key areas at the hospital.

Hermes Grillo, MD, Thoracic Surgery, attended that ward staff meeting in 1965 and knew Degen well. Grillo recalls that when Degen first put forth his plan to create an emergency back-up power system, many dismissed his concerns. But Degen rallied support for his disaster plan, citing the hospital's earlier preparations for potential disasters resulting from two World Wars and how that planning made it possible for the MGH to cope with a large-scale disaster, the 1942 fire at Boston's Cocoanut Grove nightclub. During that fire, the MGH was besieged with 114 casualties in a matter of two hours. And although 492 people died in the fire, many attributed to earlier disaster planning the hospital's ability to save many of those who escaped.

Degen's power-outage backup plan proved valuable during the 1965 blackout, not only for MGH patients but also for those from throughout the city who were shuttled to the MGH for emergency surgery once word spread that the MGH had the only functional ORs around. Although individual patient rooms were without lights, Degen's plan ensured that most main corridors and all nurses' stations had enough light to function. Nurses then used flashlights to attend to patients. Also as part of Degen's plan, the MGH Blood Bank had power, ensuring that the refrigeration necessary for stored blood was at work.

As the hours passed that night, Grillo recalls the legions of MGH staff and employees, especially electricians, who, without being summoned, came to the hospital to do their part to help during the blackout.

Electricians ran wires to extend power and broaden the scope of functional areas. Clinicians worked diligently to attend to their patients.

Greg O. Doyle, current director of Buildings and Grounds, reports that the hospital today has in place an emergency generator system that would ensure the MGH could function well in the event of a major power outage. And although monthly generator testing may prove slightly inconvenient to those affected, such preparation may someday prove its worth. ●

MGH HOTLINE

Cracking smiles

Clara, the lead character of "The Nutcracker" and the Nutcracker himself pose with MGH patient 7-year-old Laura Olson during a visit to the MGH Pediatric Service. To celebrate the season, volunteers from The Nutcracker Players answered the children's questions and presented them with puzzles depicting a scene from the classic holiday show.

Study shows anti-stroke medication is underused

A [illegible] that could prevent as many as 50,000 strokes a year is being underused, according to a study by two MGH physicians. In the Dec. 9 issue of *Archives of Internal Medicine,* Randall Stafford, MD, PhD, and Daniel Singer, MD, of the General Internal Medicine Unit, reported that fewer than 40 percent of patients with a condition called atrial fibrillation were receiving the blood-thinning drug warfarin (Coumadin).

An abnormal rhythm in the contraction of the upper chambers of the heart, atrial fibrillation is the strongest common risk factor for stroke. Many studies — including pioneering collaborative work by the MGH Stroke Service, General Internal Medicine Unit and Anticoagulation Therapy Unit — have shown that warfarin can decrease the risk of stroke in patients with this condition by two thirds. In their examination of patient treatment data from surveys covering the years 1980 through 1993, Stafford and Singer found that, although use of warfarin increased from 7 percent to 32 percent of patients, many patients who might benefit were not receiving the medication.

The researchers believe concern about the complexity and risks of warfarin therapy may be the primary reason behind its underuse. They suggest that additional research to confirm the benefits of warfarin therapy in real-world practice, plus use of more systematic and convenient ways to deliver treatment — such as the anticoagulation therapy program at the MGH — might increase its use in appropriate patients. ●

— Partners in Excellence

(Continued from Page 1)

The awards were established to recognize and thank the individuals and teams throughout the Partners network who have demonstrated excellence in patient care and service, leadership and innovation, teamwork, operational efficiency and outstanding contributions.

James J. Mongan, MD, president and chief operating officer of the MGH, welcomed the crowd and introduced Samuel O. Thier, MD, CEO of Partners HealthCare System. Thier acknowledged the awardees and all members of the Partners community who have played a significant role in the success of Partners.

"Thank you for your dedication, your creative energy and your support in delivering the best possible health care to our community," said Thier. "As we go forward, we are counting on the people of Partners to further and to be proud of our mission."

Following a video that highlighted the many Partners successes to date, H. Richard Nesson, MD, president of Partners, echoed the sentiment of the day, thanking the awardees for making all of Partners' achievements possible. At the end of the formal program, the awardees were joined by family members, guests, staff, employees and patients for cake and punch.

The Partners in Excellence awards will be presented annually. For more information, please contact Partners Training and Diversity at 6-2230. ●

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MGH HOTLINE

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WHAT'S HAPPENING

General Store sale
The MGH General Store and Flower Shop is hosting several open houses to serve all shift employees. Upcoming open houses are scheduled for tomorrow, Dec. 14, from 6 to 9 pm; Dec. 19, from 8:30 am to 7:30 pm; and Dec. 20, from 10 pm to 12:30 am. All employees may receive a 20 percent discount on purchases and free gift wrapping. Refreshments will be served during the evening shifts.

Musical reminders
The MGH Chaplaincy will host a fife and drum performance Dec. 18 at 2 pm as part of its series of Chapel Concerts.

All musical MGHers are invited to join in a holiday songfest Dec. 19 from noon to 1 pm. Meet at the top of the new staircase leading from the main corridor in the White Building down to the Eat Street Cafe and raise your voices in celebration.

GLBA meeting
The Gay, Lesbian, Bisexual Alliance will start a free support group for employees and staff of the MGH and affiliates who are gay, lesbian or bisexual. The support group will explore issues related to coming out, relationships on the job and surviving changing times at the MGH. Beginning Jan. 15, 1997, Steve Cadwell, PhD, MSW, will lead the group every other Wednesday in a series of six 50-minute sessions that will begin at noon. Enrollment is limited to six to 13 people, and participants will be expected to make a commitment to the entire six sessions. The next general meeting of the GLBA will be Dec. 20, noon, at the Bartlett Hall Extension, third floor. For more information about the GLBA, call 6-5687.

Volunteers needed for diabetes study
The MGH Diabetes Prevention Program (DPP) seeks volunteers for a nationwide, six-year study looking at ways to prevent or delay type II (adult-onset) diabetes. The study will examine effects of weight loss through diet and exercise and two diabetes medications. Volunteers receive an annual physical exam, close monitoring of blood sugar levels and information about lifestyle and health. To be eligible, volunteers must be age 25 or older, at least 10 pounds overweight, able to do moderate physical exercise and have no previous diagnosis of diabetes (except diabetes during pregnancy). For more information or to set up a screening appointment, call the DPP at 4-3197.

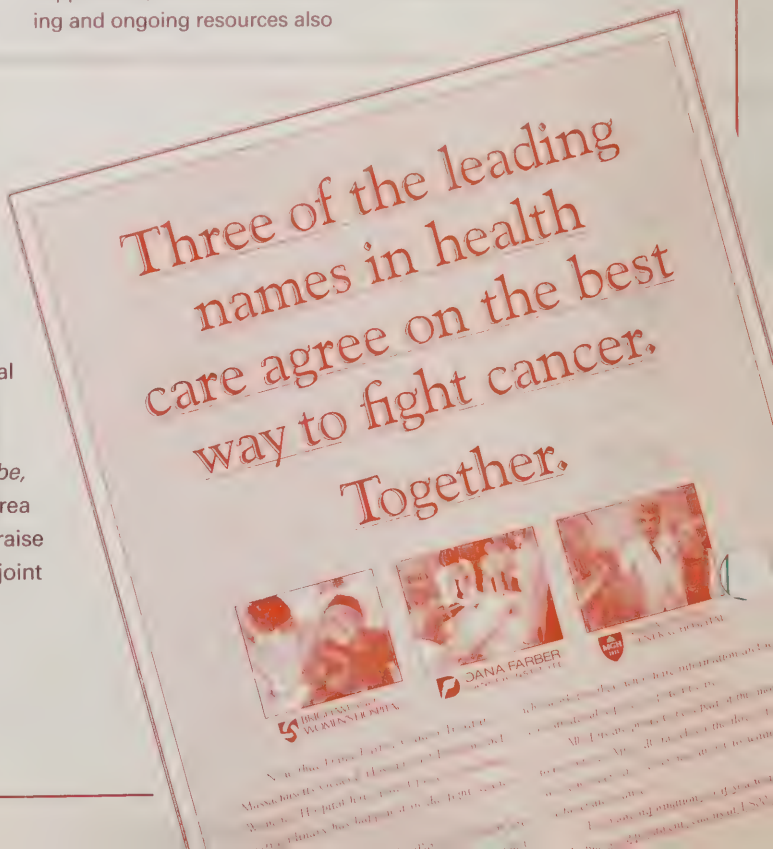
Quit smoking
As the New Year approaches and smokers begin pondering 1997 resolutions, the MGH Quit Smoking Service is announcing its next quit smoking program. Topics covered in the eight-session program, which will begin Tuesday, Jan. 7, at 5:30 pm, include: preparation for quitting; stress reduction without cigarettes, strategies for preventing weight gain and avoiding relapse. The sessions may be combined with use of nicotine patches or gum. A telephone support line, individual counseling and ongoing resources also are available. For more information, call Jennifer at the MGH Quit Smoking Service at 6-7443.

United Way
Almost 360 MGHers have donated more than $42,000 to the MGH's 1996 United Way campaign so far. While completed pledge cards can be submitted until Dec. 27, cards must be received by Dec 18 at noon for contributors to be eligible for the grand prize drawing. The grand prizes include two round-trip flights to London, England, or Paris, France, and an IBM compatible computer.

Save the date for MNRRC
Save the date for the Minority Nurse Retention and Recruitment Committee's Annual Diversity Awareness Forum on Entrepreneurial Skills. The forum will be presented this year in conjunction with the Alliance of MGH Minority Professionals Feb. 7.

Fighting cancer together

FULL-PAGE advertisements touting the Dana-Farber/Partners CancerCare (DF/PCC) collaboration announced a toll-free referral line that will provide the general public with referrals to DF/PCC physicians. The new ad, which ran in *The Boston Sunday Globe*, the *Boston Herald*, and other area newspapers, was designed to raise awareness of the adult cancer joint venture.



MASSACHUSETTS GENERAL HOSPITAL

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December 20, 1996

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Helping women in academic medicine avoid career path pitfalls

WOMEN HAVE MADE substantial inroads into careers in academic medicine since Harvard Medical School (HMS) enrolled its first female student in 1945. In fact, women now make up about 50 percent of each incoming HMS class. Despite such gains, few women are found among the ranks of senior faculty and staff at such institutions as HMS and the MGH. Members of the Women in Academic Medicine Committee at the MGH looked into the issue and are sponsoring initiatives to address the problem.

"There is no question about it; women in medicine have a difficult row to hoe," says Jane Claflin, MGH honorary trustee and chair of the Women in Academic Medicine Committee. "Women are wonderful doctors and brilliant researchers, and they have marvelous insights into the needs of human nature that we cannot afford to lose," she adds.

According to the Women in Academic Medicine Committee, the efforts of junior faculty and staff to climb their chosen career ladders can be hampered by the lack of resources in three crucial areas: role models, backup child care and support during child-bearing years. The committee has

(Continued on Page 2)

Backup child care coming to the MGH

IT IS ONE OF THE most challenging situations facing busy working parents: what to do when regular arrangements for child care break down. Starting in the spring, MGHers will have a new option — the Backup Child Care Center to be housed in a new facility built in the Kresge Courtyard, off the Warren Lobby. The result of an effort initiated by the MGH Women in Academic Medicine Committee, the center's services will be available to MGHers at all levels and to patients coming to the hospital for appointments and procedures.

The committee began investigating the need for backup child care early in 1994 as part of its focus on addressing issues of importance to women physicians and scientists *(see accompanying story)*. The proposal developed broadens the group's original scope to also meet the needs of patients and other MGH employees.

(Continued on Page 4)

Hark!

The main corridor on the first floor of the White Building reverberated with the sounds of more than 80 voices singing in harmony Dec. 17 as the Timilty Middle School Supreme Choir sang carols for MGH patients, visitors and staff. The 125 voices of the full choir have filled a venue with a similar name: the White House. The middle-school students performed for the first family in 1995.

— Helping women in academic medicine avoid career path pitfalls

(Continued from Page 1)
been integral in establishing programs that help counter each of these forces at the MGH.

The committee is most widely known for sponsoring "Ins and Outs of Academic Medicine," a series of mentoring seminars aimed at teaching attendees — men as well as women — the finer points of such essential skills as grant writing and public speaking.

It has taken more time for the committee to develop and implement its two other major initiatives: a backup child care center at the MGH *(see story, Page 1)* and The Claflin Distinguished Scholar Awards, two-year, $30,000 grants funded by the MGH Executive Committee on Research, aimed at helping young women scientists through the child-bearing years.

Committee member Anne Klibanski, MD, chief of the MGH Neuroendocrine Unit and director of the Neuroendocrine Clinical Center and Clinical Research Center, describes the situation that she says mandates the establishment of the Claflin Awards: "The time at which child-bearing and child-caring responsibilities are at their greatest for junior faculty and staff is the very time when grant writing and productivity also are at their most crucial. The committee has identified this time as the point when most women scientists dropped out of the system."

Jane Claflin, MGH honorary trustee and chair of the Women in Academic Committee addresses a committee meeting. Members of the committee unanimously point to her as the source of vision and energy that has enabled the Women in Academic Medicine Committee to achieve as much as it has. To recognize her contributions, the committee has named the Distinguished Scholar Awards in her honor.

Noting that child care responsibilities are not gender specific, she adds that "when it comes to having children, women assume a disproportionate amount of the work. And without additional support, that effort is often enough of a hardship to knock them off their career path permanently."

"THE TIME AT WHICH CHILD-BEARING AND CHILD-CARING RESPONSIBILITIES ARE AT THEIR GREATEST FOR JUNIOR FACULTY AND STAFF IS THE VERY TIME WHEN GRANT WRITING AND PRODUCTIVITY ARE AT THEIR MOST CRUCIAL."

The Claflin Awards can help young researchers through this very demanding time, for example, by enabling recipients to hire a technician, fellow or graduate student to help out in the laboratory.

Ronald Newbower, PhD, MGH senior vice president for Research and Technology, says the fact that women do not hold senior faculty and staff positions cannot be attributed to insufficient numbers. "While that may have been true years ago, it's just not true any more," he says. "Women are present in academic medicine in numbers very close to their proportion in society as a whole. We must not make women scientists choose between their careers and having children. If we make that the price for a career in science, then we are cutting ourselves off from a large and important pool of talent." ●

Claflin Distinguished Scholar Awards applications deadline is Jan. 9

Two Claflin Distinguished Scholar Awards for women in science will be granted in early 1997. Each award provides recipients with $30,000 per year for two years.

Eligibility

Successful candidates will fulfill all of these criteria:

- **MD, PhD or equivalent advanced degree;**
- **Academic appointment at the level of instructor or above at Harvard Medical School;**
- **Staff appointment at the MGH;**
- **Evidence of strong research training, productivity and a well-defined research focus;**
- **Submission of a project description on which the applicant, whose academic progress would benefit from such funding support, is clearly the principal investigator; and**
- **Responsibility for care of young children.**

Call Research Affairs at 6-3651 for more information.

"Up and down and over and out ... That's life"

NICE WORDS for a Frank Sinatra song, but hardly the most inviting image of what it takes to reach an MBTA stop.

Only by traveling a labyrinth reminiscent of those famous lyrics is it possible for those who ride public transportation to use the Charles Street T stop. The current configuration requires that riders first climb a steep staircase, then cross above traffic via a narrow, enclosed walkway. Then they walk down a set of stairs to the level where fares are collected before passing through a turnstile. Then they go back up almost two flights of stairs to the platform to board a train.

Picture a 63-year-old man who relies on a cane, a pregnant 29-year-old in her eighth month or a teenager who uses a wheelchair making that trip. Now add in a little good old-fashioned New England weather — complete with snow, sleet, rain and ice — for the makings of a rough, if not impossible, trip to or from the MGH.

For years the MGH has been working with the MBTA to try to find a solution to the problem. Although the Americans with Disabilities Act called for all stations to be handicapped accessible by 1993, because of funding limitations, the federal government has approved extensions. The Charles Street T stop is not slated for a complete modernizing renovation until 2002.

Officials at the MBTA, at the encouragement of the MGH and Partners HealthCare System, are beginning to take initial steps toward reviewing the station's accessibility problems. They, along with the Metropolitan District Commission (MDC), recently began gathering information and are conducting a study to determine the feasibility of a potential shorter-term solution.

The interim plan involves installing an elevator at the base of the station structure that sits in the center of Charles Circle. It also calls for the installation of traffic lights around Charles Circle, allowing pedestrians to cross at street level to the new elevator. The plan hinges on the feasibility of stopping traffic at lights to allow for safe ground-level crossing.

Once MBTA officials have the results of a traffic study, they will determine whether to pursue this shorter-term plan, which still would take several years to implement.

MGH officials say they have serious safety concerns about any plan that requires physically challenged pedestrians to navigate the roadways that converge at Charles Circle. They support any effort that addresses the accessibility problems of the station, as long as pedestrian safety would not be compromised. The real solution, as far as MGH and Partners HealthCare System officials see it, is a full modernization of the facility.

"Every time I see people having difficulty negotiating the stairwell leading from the sidewalk to the overhead crossramp, my heart goes out to them," says James J. Mongan, MD, MGH president and chief operating officer. "There has to be a solution. The MGH and Partners will support the T in efforts to try to rectify this dangerous situation and improve the ability of our patients to reach the hospital and get the care they need."

The MBTA is expected to review study data and report its findings next month. ●

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MGH HOTLINE

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WHAT'S HAPPENING

No *Hotline* next week

Because of the holidays, *Hotline* will not be published next week, Dec. 27. The next issue of *Hotline* will be published Jan. 3, 1997.

Holiday shuttle schedule

On Dec. 24 and Dec. 31 all shuttle bus routes will operate as regularly scheduled until 6 pm. After that time the MGH/North Station/Navy Yard shuttle will run every half-hour, instead of every 15 minutes. This shuttle, which will operate until the regular time of 1:15 am, also will serve the parking lots. The shuttles to and from Partners (850 Boylston St.) and BWH will run as regularly scheduled. There will be no service Dec. 25 or Jan. 1. For more information about holiday shuttle service, call 6-2250.

Treats for your holiday table

The Eat Street Market Place in the Eat Street Cafe offers a variety of cakes, pies and other treats for take-home purchase. In addition to the regular items and weekly specials, apple and pumpkin pies are available. Pie orders for Christmas must be placed by Dec. 23. Place your order with any Eat Street cashier or call Tanya at 4-8879.

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— Backup child care a new option at MGH

(Continued from Page 1)

"Women working at the MGH often lose a day of work, research or patient care if their child care arrangements break down. And the same thing can happen to men. Offering backup child care is one way of being more family friendly for all employees," says Isaac Schiff, MD, chief of the MGH/Vincent Memorial Obstetrics and Gynecology Service and chair of the Backup Child Care Subcommittee. "We also recognized that this service would be valuable for many of our patients, who of course are our first priority."

The center will be able to care for up to 20 children at a time, from 15 months to 10 years in age. It will operate from 6:30 am to 8 pm, Monday through Friday, and 8 am to 2 pm Saturday.

The new, single-story building will take up about half the space in the courtyard, which will include an outdoor play area. Construction is scheduled to begin in February, with a projected opening in the spring. The Backup Child Care Center will be managed by the MGH Children's Center, which runs the regular child care program at CNY. The staff will specialize in providing an enjoyable experience for children who may be in stressful situations ranging from the illness of a parent to simply being in unfamiliar surroundings.

Costs of running the center will be partially offset by fees paid by those using its service and by annual "subscriptions" purchased by hospital departments and clinical services. For each purchased subscription, a space will be held for a child of the department or service's patients or employees every day until 7:30 am. After that time any unused spaces for the day will be made available to other subscribing areas on a first-come, first-served basis. Subscriptions, however, will not cover all the center's fees, and payment for the service will be the responsibility of parents using the center.

"WOMEN WORKING AT THE MGH OFTEN LOSE A DAY OF WORK, RESEARCH OR PATIENT CARE IF THEIR CHILD CARE ARRANGEMENTS BREAK DOWN. AND THE SAME THING CAN HAPPEN TO MEN. OFFERING BACKUP CHILD CARE IS ONE WAY OF BEING MORE FAMILY FRIENDLY FOR ALL EMPLOYEES."

Additional details of the center's policies and procedures will be determined through the work of focus groups comprised of representatives from areas purchasing subscriptions. Information will be announced in *Hotline* and other resources as it becomes available.

"Our committee could not have achieved as much as we did without the incredible effort put forth by Kathleen Smith [vice president for Human Resources at Spaulding Rehabilitation Hospital]," says Schiff. Other members of the Backup Child Care Subcommittee, which meets each week, are Sheryl Lauber, director of the MGH Children's Center; John Messervy, vice president for Facilities Planning and Construction; Patricia O'Malley, MD, unit chief of Pediatric Emergency Services; and Debra Weinstein, MD, director of Graduate Medical Education. ●